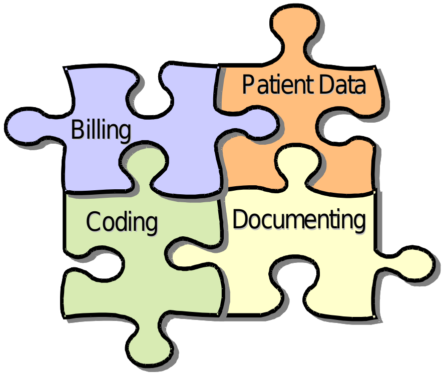
CORE COMPETENCIES

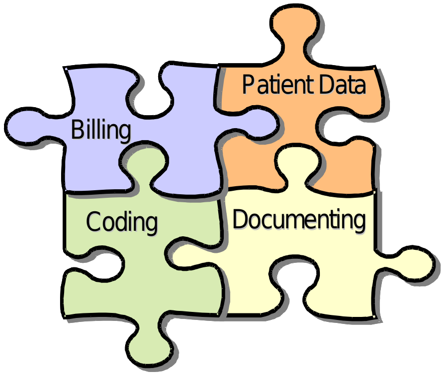
2005 UBU/UBO Conference
UBO Basic (Track 3)
Wednesday - May 18



Contents:

1. VA Revenue Cycle Overview (Mardon, Stephanie)
2. Medical Affirmative Claims (MAC) – Enhancement (Yoder, Lt Col Jeanne)
3. UBO Manual Overview/Changes (Prater, SMSgt DeLisa; Ashby, Douglas; Coke, Elizabeth; Watnik, Robbi-Lynn)
4. Tips to Aid in Establishing your UBO Training Program (Ballard, Clenton)
5. DoD Invoice Processing – Coast Guard (Boucher, Allen)
6. MHS Information Management and the Requirements Process (Rosen, Ruth)
7. SIT/OHI Conversion – Lessons Learned (Keel, Nash)

CORE COMPETENCIES


Billing
Patient Data
Coding
Documenting

Veterans Health Administration

Chief Business Office

Enhancing Veteran Health Care with *innovative* business solutions

VA Revenue Cycle Overview

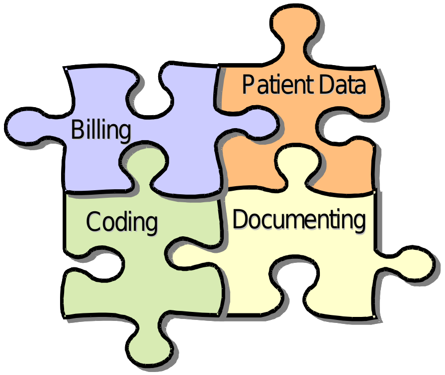
Stephanie Mardon

Wednesday, 18 May 2005
Track 3, 0800

CORE

COMPETENCIES

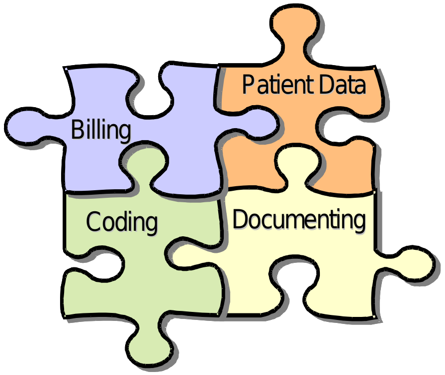
Objectives


Patient Data
Billing
Coding
Documenting

- Provide overview of the VA Healthcare System
- Review Collections, Goals and Performance Monitors
- Review Core Revenue Cycle functions
- Discuss transition from flat rate to itemized billing
- Discuss Tactical Strategies

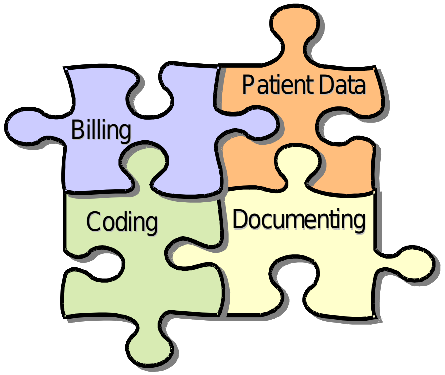
CORE COMPETENCIES

VHA Missions

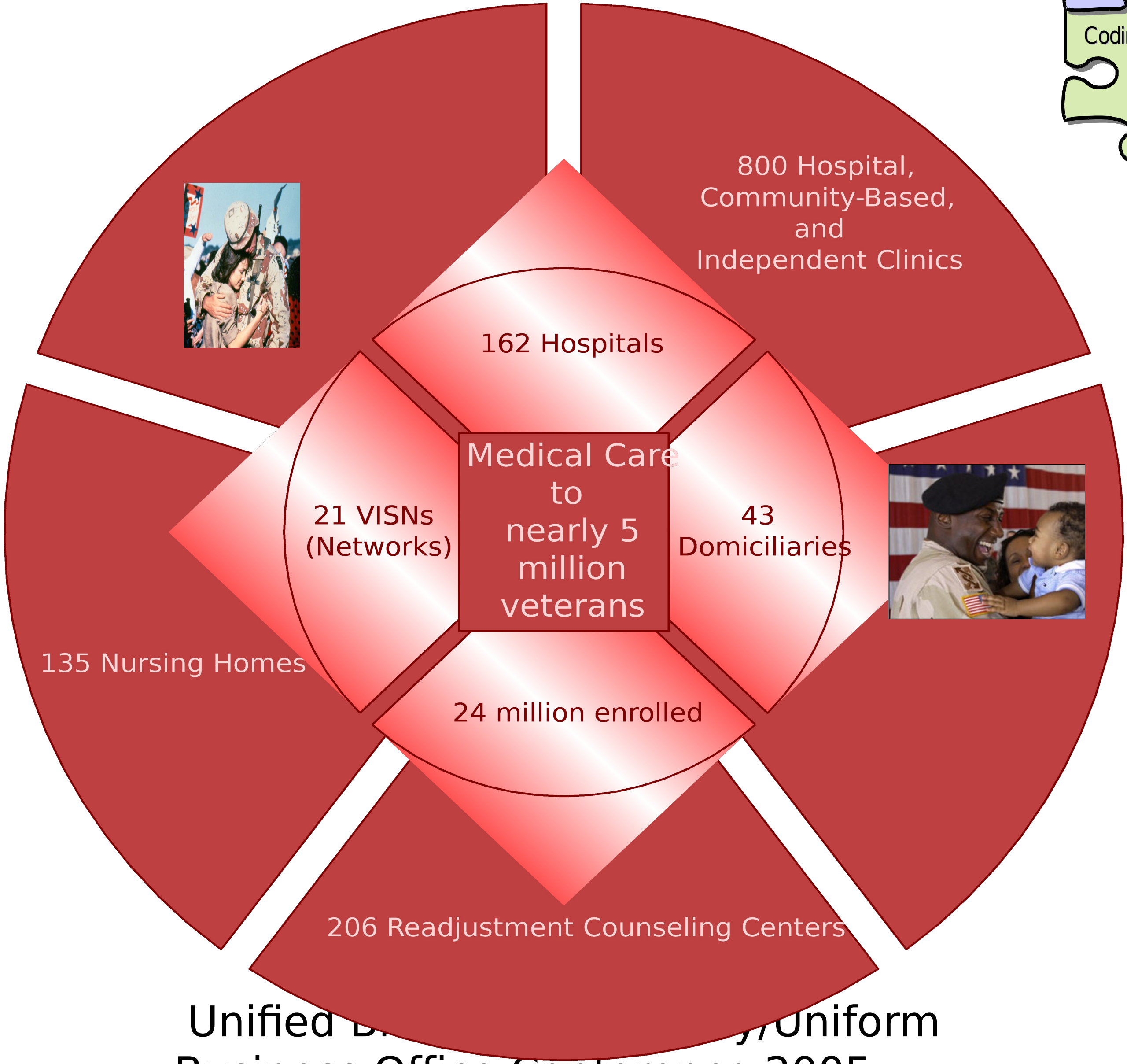

Patient Data
Billing
Coding
Documenting

- Health Care
- Health Professional Training
- Research
- Emergency Preparedness and Backup to Department of Defense and National Disaster Medical System

CORE COMPETENCIES


Patient Data
Billing
Coding
Documenting

Overview



Medical Care to nearly 5 million veterans

162 Hospitals

21 VISNs (Networks)

43 Domiciliaries

24 million enrolled

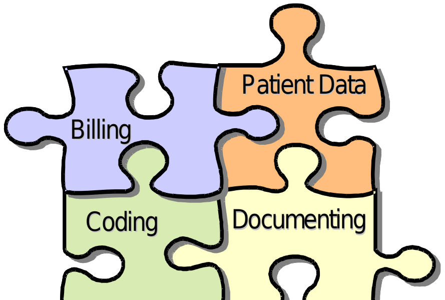
800 Hospital, Community-Based, and Independent Clinics

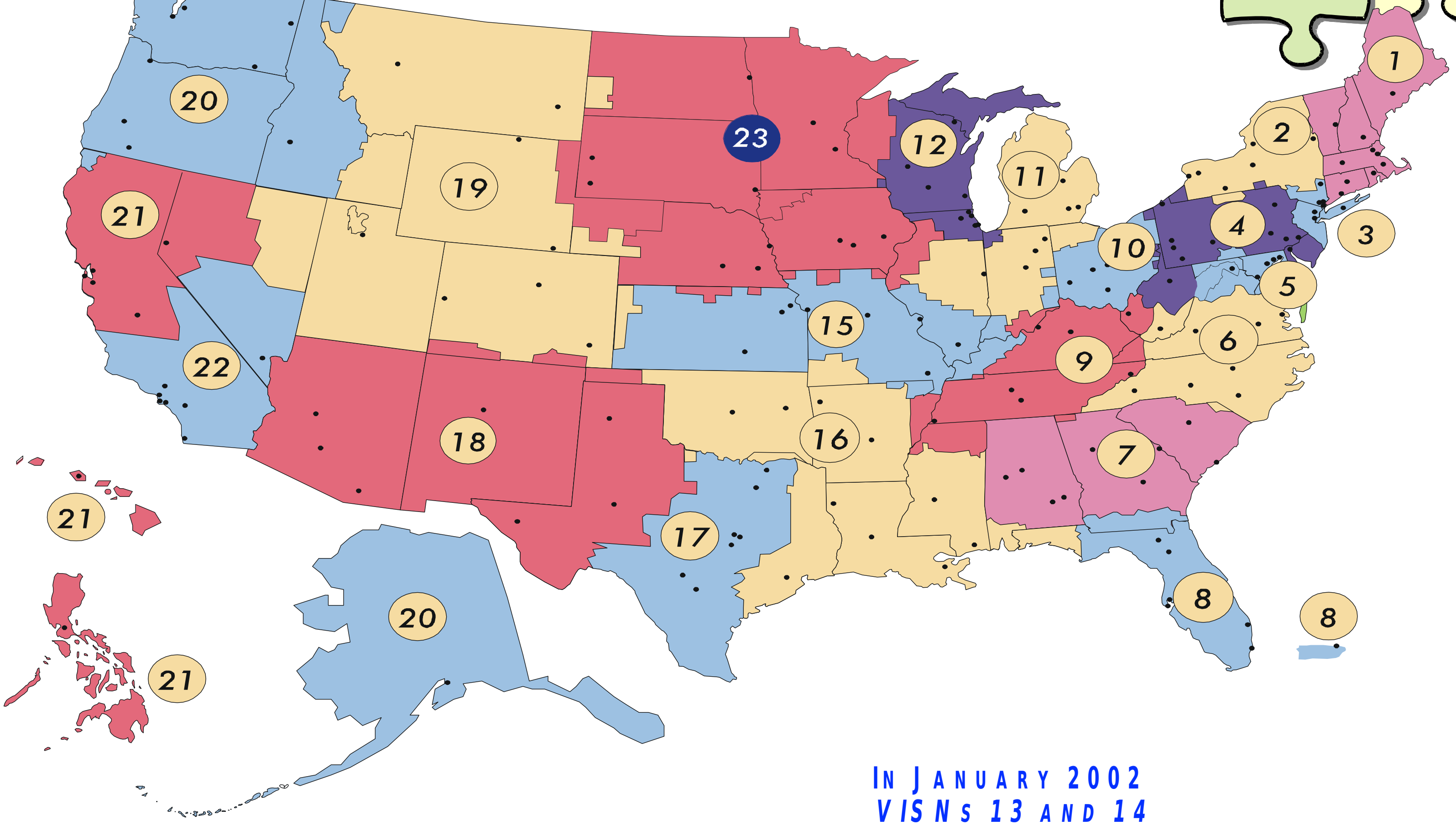
135 Nursing Homes

206 Readjustment Counseling Centers

CORE COMPETENCIES

Veterans Integrated Service Networks


Billing
Patient Data
Coding
Documenting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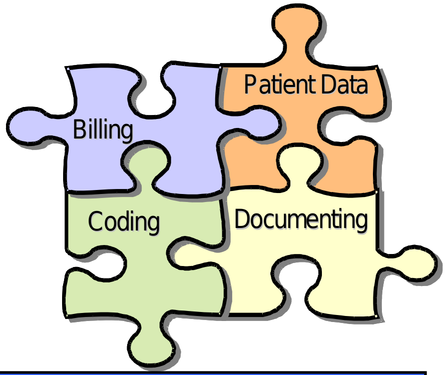
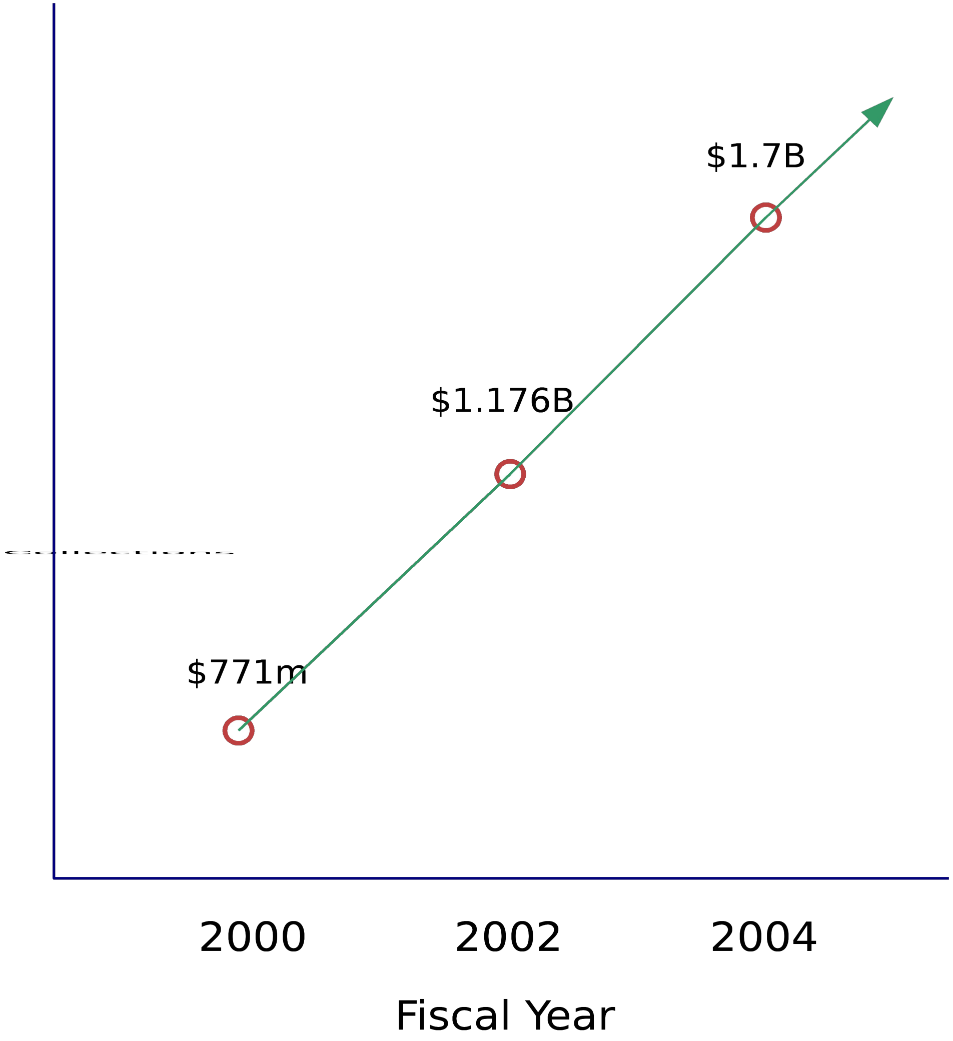
In January 2002
VISNs 13 and 14
were integrated and
renamed VISN 23

CORE COMPETENCIES

Collections


Patient Data
Billing
Coding
Documenting



Drivers for Increased Revenue

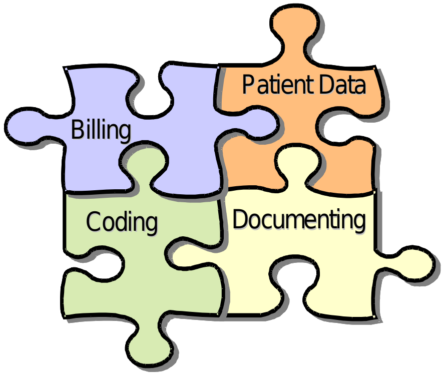
Operational & Technological improvements

Increase of Rx Copay from $2 to $7 (Feb 2002)

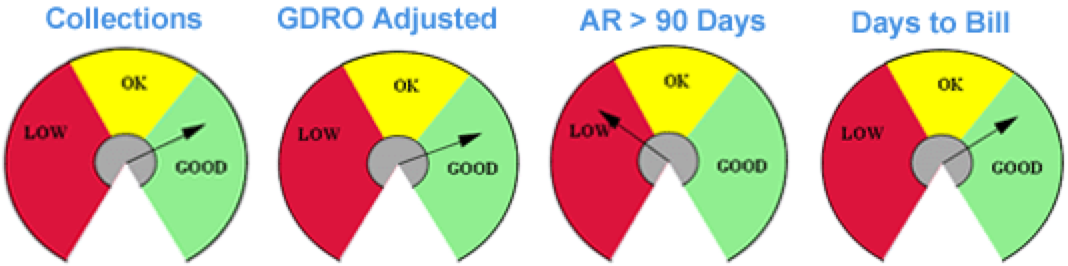
Implementation of Reasonable Charges for Third Party Billing

CORE COMPETENCIES

Performance Metrics

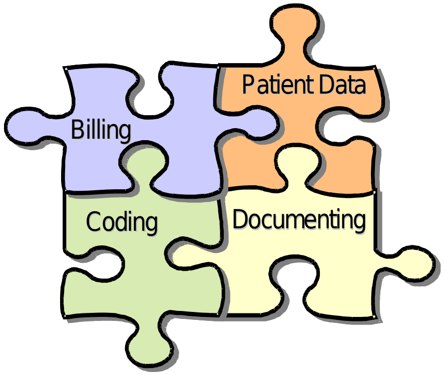


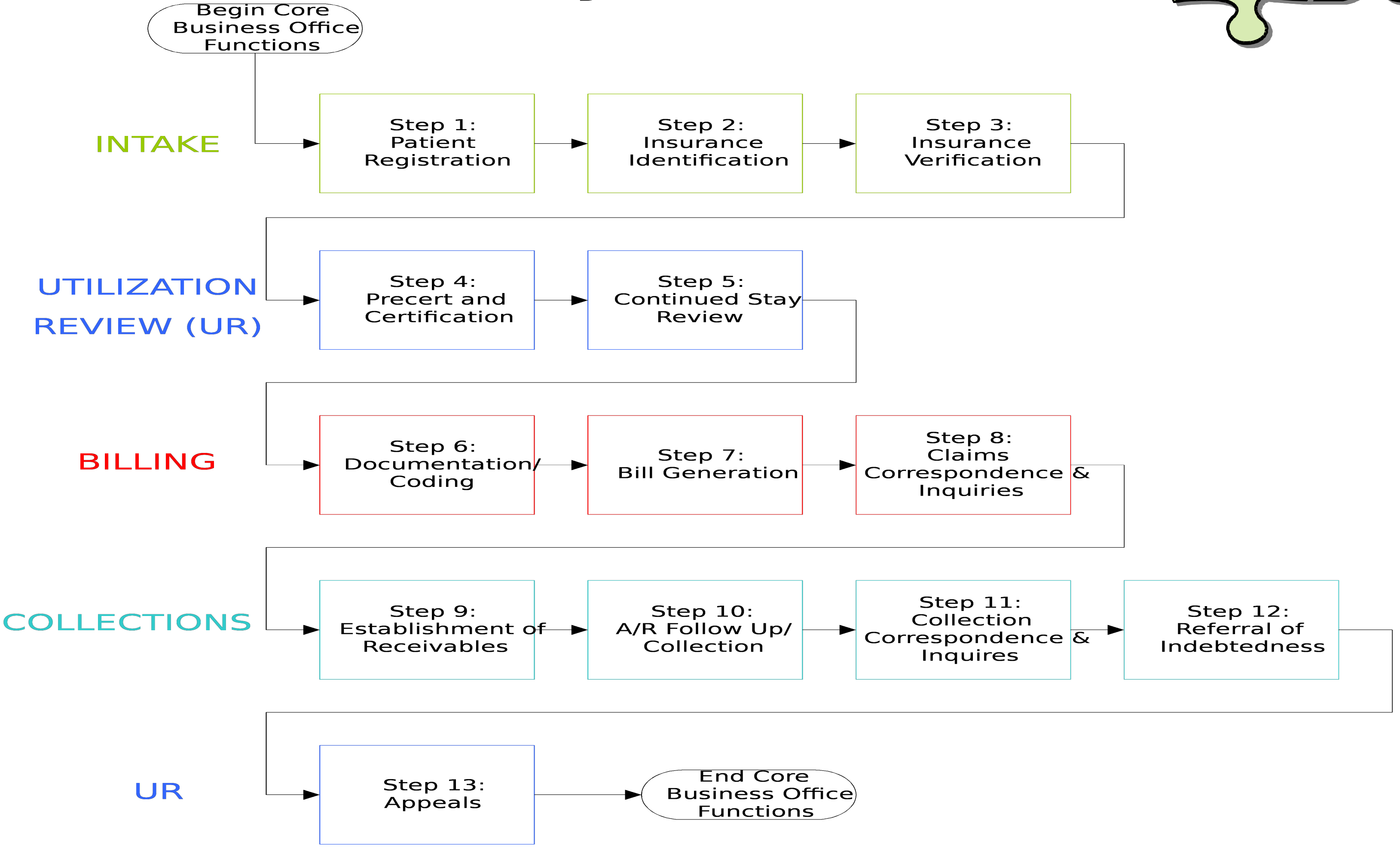
- VHA implemented performance metrics during FY 2003 to monitor the revenue cycle and for comparison to private industry standards
- Identified key metrics for FY 2005: total collections and gross days revenue outstanding (GDRO)
- Implemented the POWER site for web-based reporting
  - Provides color-coded performance data by location, measure, and time
  - Reviewed frequently to identify outliers and anomalies



CORE COMPETENCIES

VHA 13-Step Revenue Cycle





Begin Core Business Office Functions

INTAKE

Step 1: Patient Registration

Step 2: Insurance Identification

Step 3: Insurance Verification

UTILIZATION REVIEW (UR)

Step 4: Precert and Certification

Step 5: Continued Stay Review

BILLING

Step 6: Documentation/ Coding

Step 7: Bill Generation

Step 8: Claims Correspondence & Inquiries

COLLECTIONS

Step 9: Establishment of Receivables

Step 10: A/R Follow Up/ Collection

Step 11: Collection Correspondence & Inquires

Step 12: Referral of Indebtedness

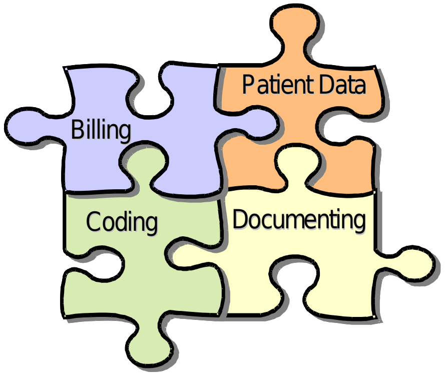
UR

Step 13: Appeals

End Core Business Office Functions

CORE COMPETENCIES

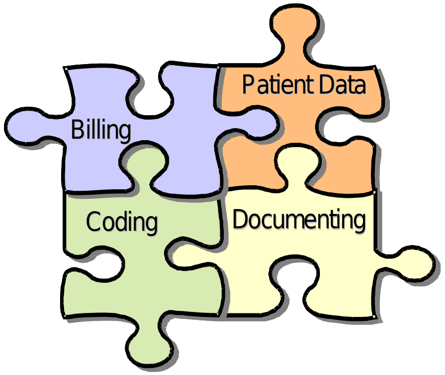
Health Insurance Capture

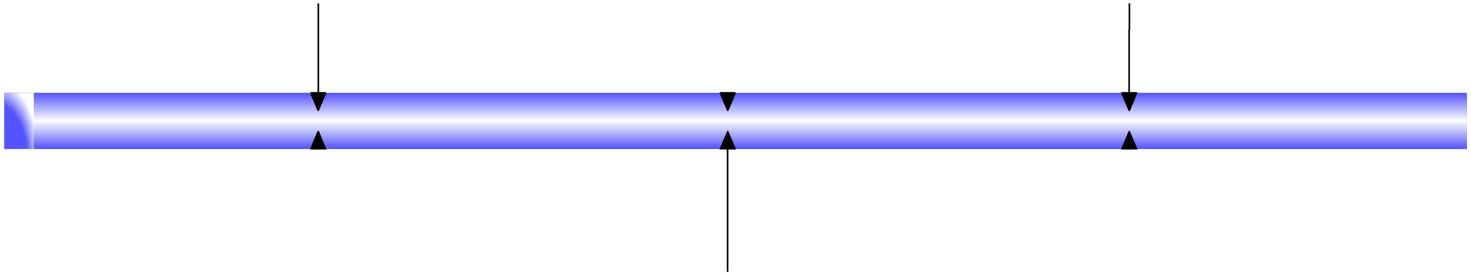


- Veterans should be asked about insurance either before admission/outpatient visits or at the time of visit
- Veterans may be contacted at home in an effort to update records prior to their visit via pre-registration
- Pre-registration monitored nationally – this includes percentage of pre-registration summary report

CORE COMPETENCIES

Billing Health Insurers



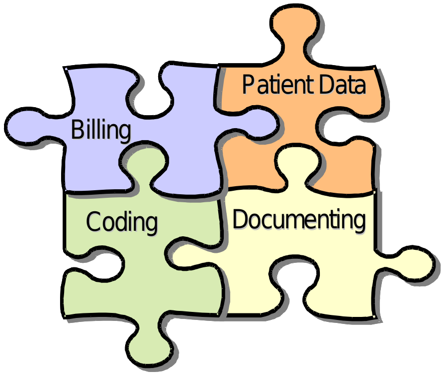


1986
Public Law 99-272
Establishes 3rd Party Billing & authority to bill insurance carriers for non-service connected care

1997
Public Law 105-33
Establishes authority for Reasonable Charges Recovery (38 USC 1729)

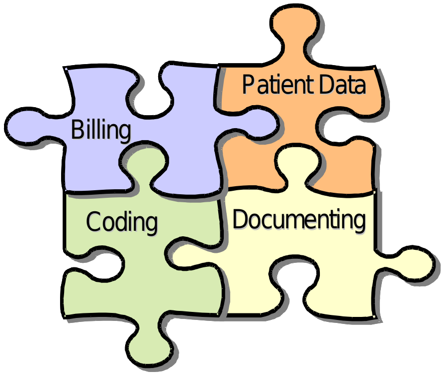
1990
Public Law 101-508
Establishes billing insurance carriers for non-service connected veterans

CORE COMPETENCIES


Patient Data
Billing
Coding
Documenting

Reasonable Charges

Reasonable Charges
Version 1.0

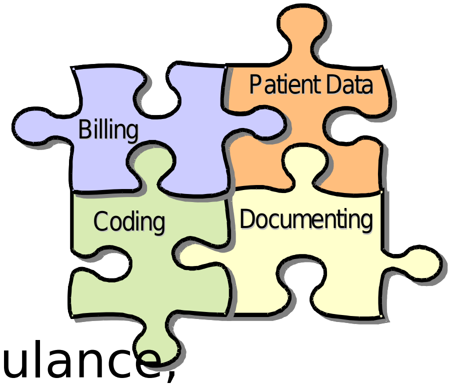

Patient Data
Billing
Coding
Documenting

- August 1998
  - Reasonable Costs to Reasonable Charges

- Statutory Amendments
  - Inpatient facility charges
  - SNF/Sub-acute facility charges
  - Outpatient facility charges
  - Physician and other provider charges

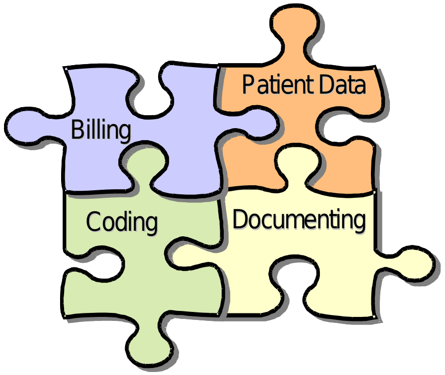
CORE COMPETENCIES

Reasonable Charges Version 2.0



- New itemized charges for services including ambulance, chemotherapy and Durable Medical Equipment (DME)
- Increased charges for intensive care bed sections
- A list of “approved providers” was removed from the Regulation, and amended language included which changes the definition of “physician” to “physician and other health care providers”
- Skilled Nursing facilities can now bill separately for ancillary charges
- Many Community Based Outpatient Clinics can now bill a facility charge along with the current professional charge for Evaluation &Management Services

RC Version 2.0


Billing
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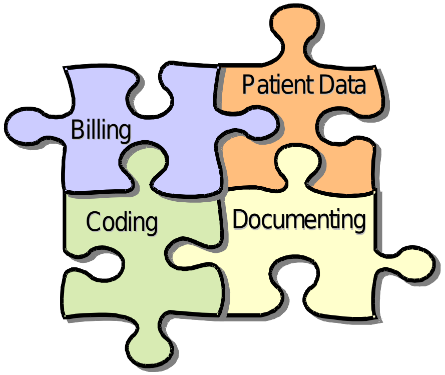
Documenting

Provider Based	Non-Provider Based
VAMC	Free Standing
VA-owned and operated CBOCs within 35 miles	>35 miles from parent facility
Facility and Professional Charges	Global professional charge only

CORE COMPETENCIES

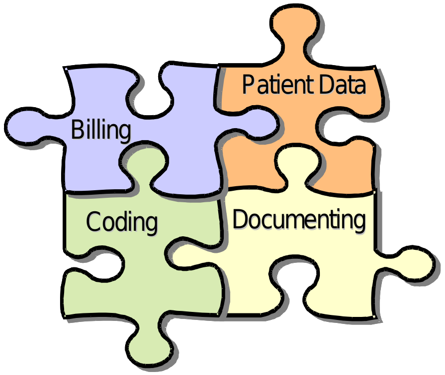
Reasonable Charges – What’s Next

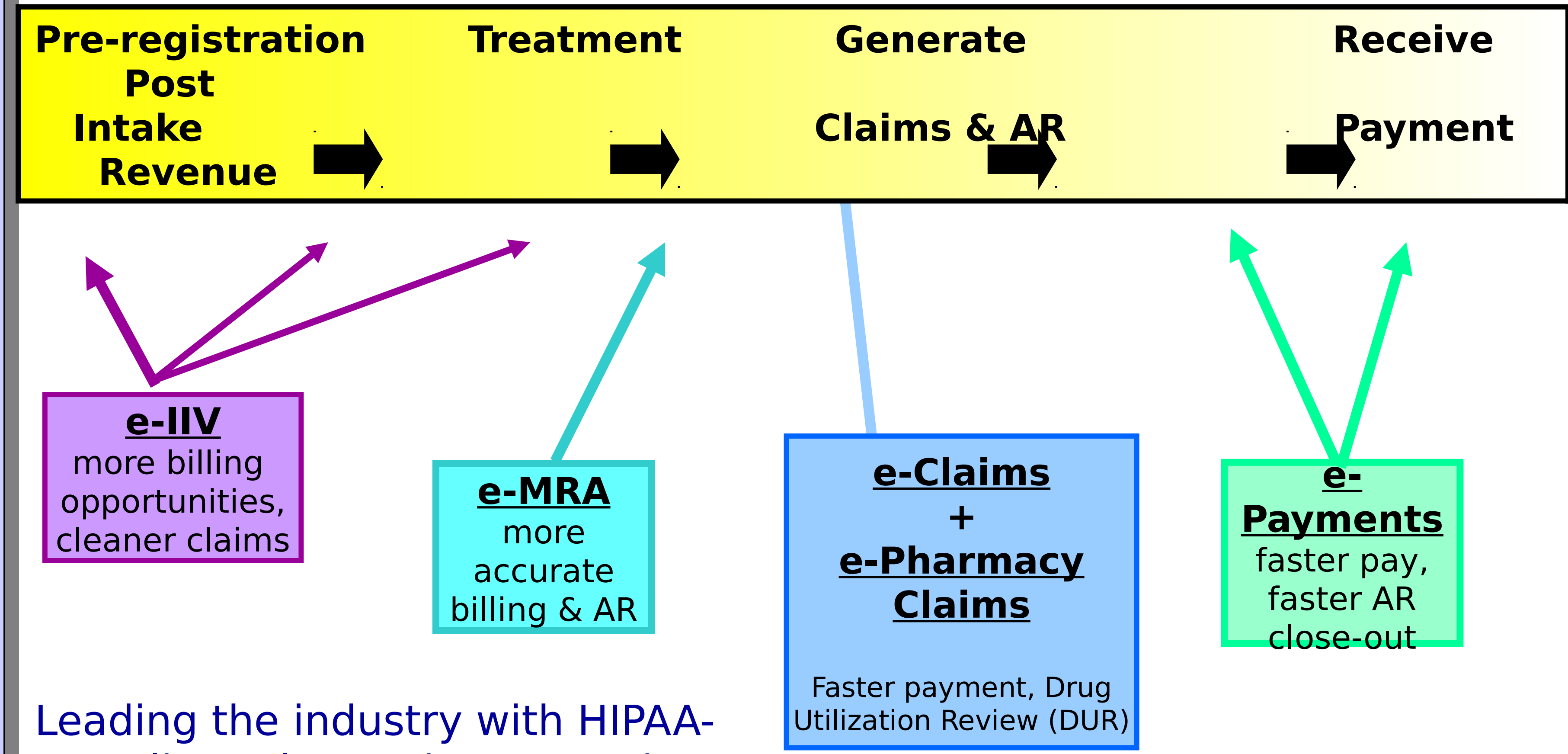

Patient Data
Billing
Coding
Documenting

- Improved timeliness of rate publication for medical services
- Review no charge algorithm
- Potential Modification of RX refill rate

CORE COMPETENCIES

e-Commerce





Pre-registration
Post
Intake
Revenue

Treatment

Generate

Claims & AR

Receive

Payment

e-IIV
more billing opportunities, cleaner claims

e-MRA
more accurate billing & AR

e-Claims
+
e-Pharmacy Claims

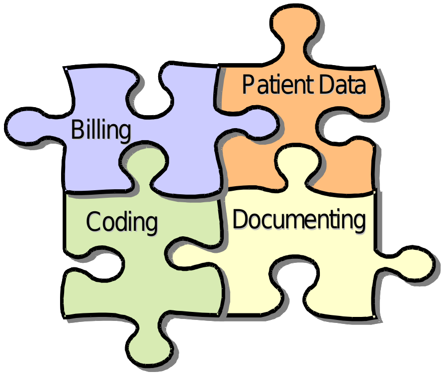
Faster payment, Drug Utilization Review (DUR)

e-Payments
faster pay, faster AR close-out

Leading the industry with HIPAA-compliant electronic transactions

CORE COMPETENCIES

Tactical Strategies


Patient Data
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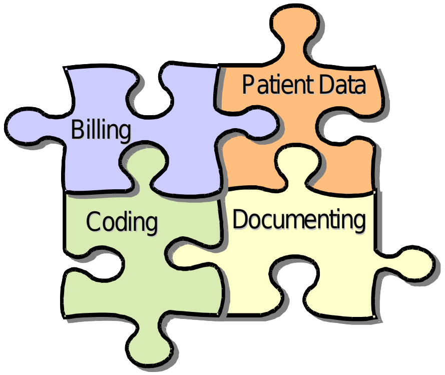
Documenting

- Revenue Best Practices – Industry and VA
- Customized Solutions – Know your strengths and weaknesses
- Charge and Insurance Master Management including supplies and materials
- Denial Management
- Compliance - providers & payers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Contact

Stephanie Mardon

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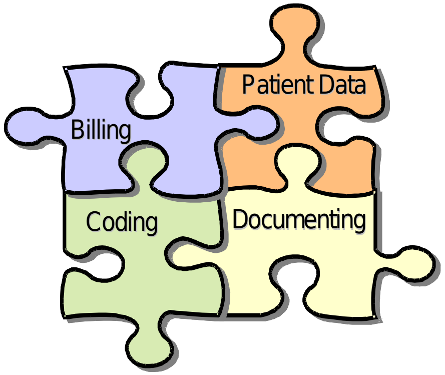
stephanie.mardon@va.gov

Telephone: (202) 254-0362

Fax: (202) 254-0395

CORE COMPETENCIES


Patient Data
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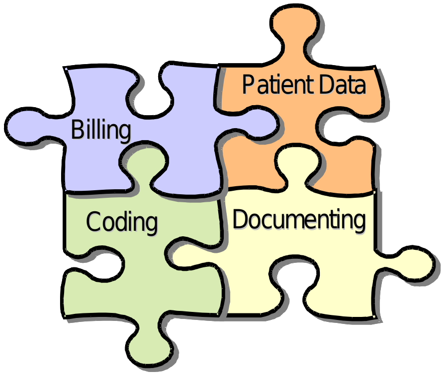
Documenting

Medical Affirmative Claims (MAC) - Enhancement

Lt Col Jeanne Yoder
2005 UBU/UBO Conference
Wednesday, 18 May 2005
Track 3

CORE COMPETENCIES

Objectives


Patient Data
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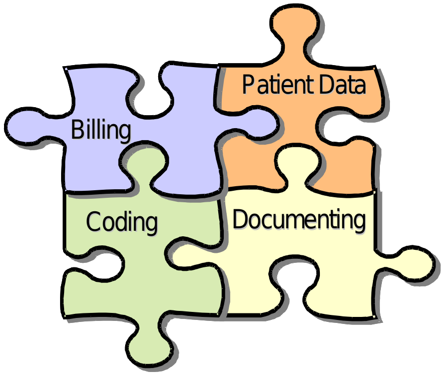
- Understand current major problems with the Medical Affirmative Claim (MAC) program
- Know what is available in the enhanced MAC module
- Know how to use the enhanced MAC module
- Understand what the diagnoses mean

CORE COMPETENCIES

Current Problems


Patient Data
Billing
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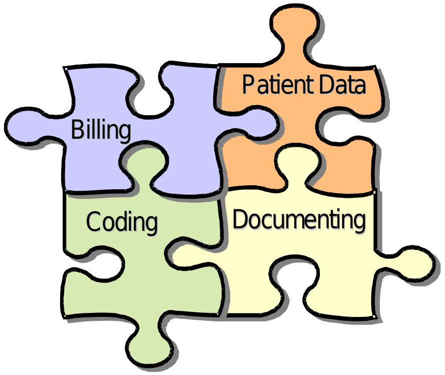
Documenting

- Identification of MAC potential cases
  - Obtaining compliance with Injury Log completion
- Closing and forwarding MAC cases to legal
- Ensuring ALL applicable services are included in the package to legal

C O R E C O M P E T E N C I E S

Systems Change Request


Patient Data
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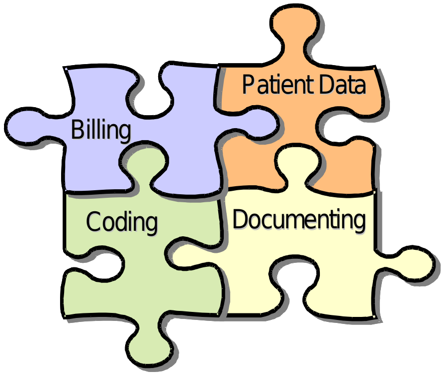
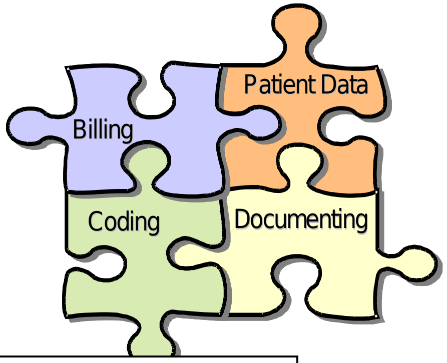
- …to make the ADM encounter data available for MAC reporting to optimize collections for the recovery of costs to the federal government for services provided for injuries sustained by patients for which a third party is responsible

Flags to Find Possible MAC Services



- When the appointment is made, the query “Is this appointment related to an Injury/Accident? N//” will appear
  - Flag defaults to “No”
  - “Yes” will change the “Injury/Accident Related” flag
- Question appears when using:
  - Unscheduled Visit (USV)
  - Health Care Finder Booking
  - Individual Patient Check-in
  - End of Day (EOD)

Collection by Appointment Clerk/ Intake Technician



Enter/Edit Injury/Accident Information

Patient: NAME,PATIENT APPT DATE/TIME: 01 DEC 2004@0900

Is this related to an Injury or Accident? : Yes

Date of accident: 26 Oct 2004 **(this is a mandatory field if “yes” is answer)**

Injury cause code #1: Employment **(optional)**

Injury cause code #2: AutoAccident

Injury cause code #3:

Geographic Location: NY **(mandatory if automobile accident, need for billing; defaults to location of MTF but can be modified)**

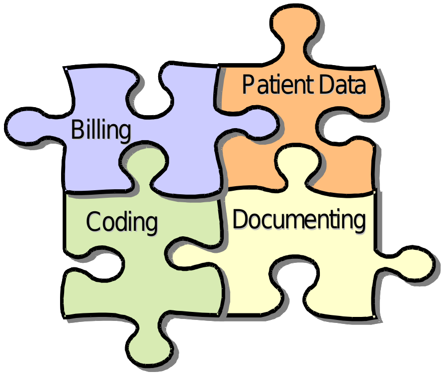
Place of Employment: Atlantic Oil Co. 703-681-3492 **(54 character free text field)**

Place of Injury/Accident: WORK PLACE, BACK DOCK OF LOAD BAY #5 703-681-3492 **(mandatory, 54 character free text field)**

Select (F)ile or (E)dit :F//

CORE COMPETENCIES

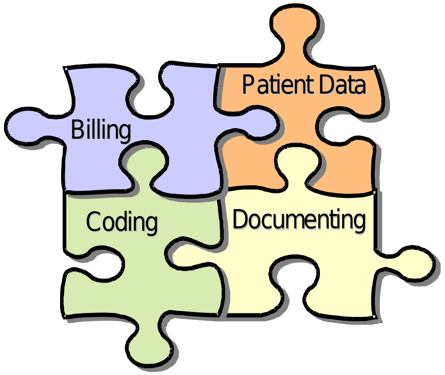
"Yes" to Injury Query



- Injury Cause Code (optional)
  - AA – Auto Accident, then the Geographic Location prompt will default to the division's geographic location, but will be editable by the user
  - AP – Another Party Responsible
  - EM – Employment, then free text for place of employment
  - OA – Other Accident

C O R E C O M P E T E N C I E S

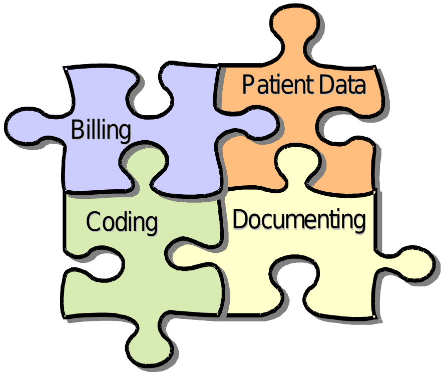
Your Homework – Conduct In-Service



- When this program update is fielded
  - Do in-service for appointment clerks
    - Stress how important it is to know about accidents
      - Dr Chu identified preventing accidents as a priority
      - AF wants to know who is injured during PT training
      - MAC needs to know about injuries for potential billing

CORE COMPETENCIES

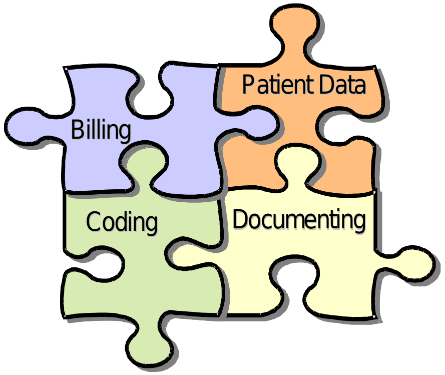
Your Homework – Conduct In-Service



- Give hints on what you need
  - OTHER entity responsible for the injury!!
    - Who was it? Name? Address or telephone?
  - If nobody else was responsible
  - If deployed when it happened, what country? OIF, OEF?
  - If at work, are they a contractor to the federal government or civil service

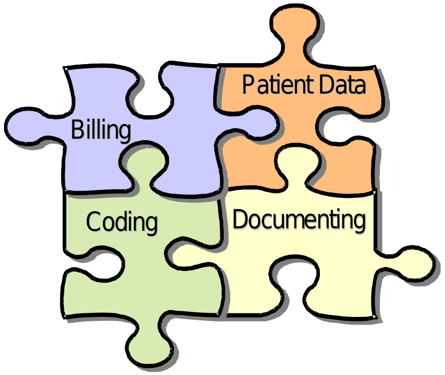
CORE COMPETENCIES

Your Homework – Conduct In-Service



- Give hints on what you need
  - Was care provided earlier at another MTF? MTF and doctor’s name? Other civilian facility? Facility and doctor’s name?
    - “Treated previously at BAMC ER”
  - If motor vehicle accident, was the patient the driver or passenger
  - Current home and work telephone numbers (if number is not the same as DEERS, either go to DEERS web site and fix, or enter in a free text field)

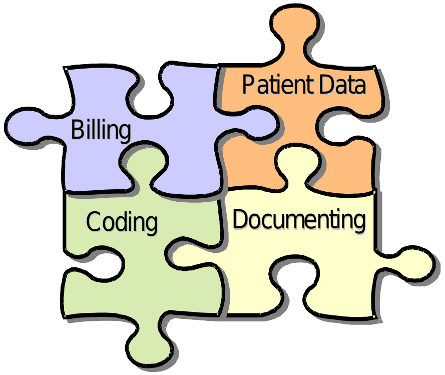
Your Homework – Conduct In-Service



- Free text fields and “Yes / No” are NOT part of the medical record
- Even if the patient changes his story when he sees the doctor, the “Injury/Accident” field can be changed in the ADM
  - Fields can be modified by the in-take technician and the provider
  - Once ADM is completed, injury/accident data for that encounter can’t be changed

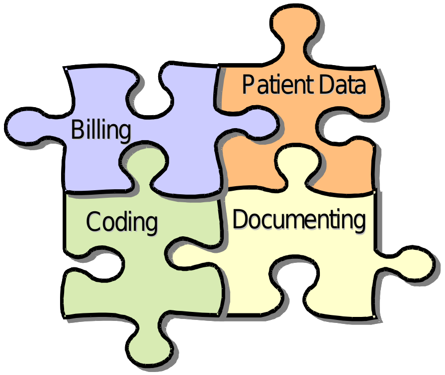
CORE COMPETENCIES

Your Homework – Conduct In-Service


Billing
Patient Data
Coding
Documenting

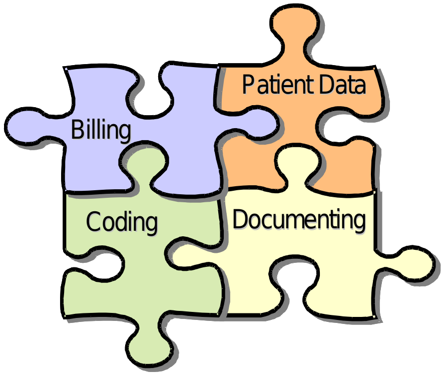
- Explain PATCATs and make sure each appointment has appropriate PATCAT
  - Family member on reserve duty
  - Family member or retiree also DoD School teacher
  - Retiree in for Occupational Health
  - Navy versus Coast Guard

Your Homework – Conduct In-Service



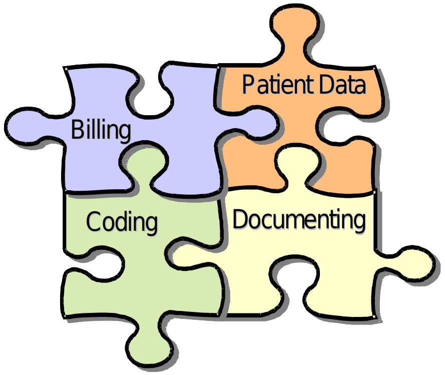
- Let appointment clerks know that when the patient is booked for a f/u or scheduled appointment, computer will look back 6 months
- “Is this appointment related to a PREVIOUS Injury/Accident? Y//”
  - Will display data from last appointment so it only needs to be accepted, or can be updated (for this appointment only)

New ADM Coding Screen



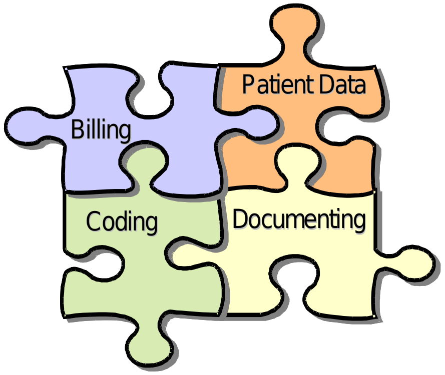
- ADM Patient Encounter
- PATIENT,ATTENDING 20/000-00-0001 AGE:24y
- --
- Appt Date/Time : 26 Oct 2004@1330 Type: ACU Status: KEPT
- Clinic: Primary Care Clinic MEPRS: BHAA **Injury/Accident Related: Yes**
- In/Outpatient: Outpatient APV: Yes Pregnancy Related: No
- Appt Provider: DOCTOR,ATTENDING
- Appt HCP Role: Attending
- Additional HCP: No
- Disposition:
- ===
- ICD-9 Dx Description Priority
- --
-
-
-
- --
- Chief Complaint:

Arrow up, select "Edit"



- ADM Patient Encounter – Injury/Accident Related Data
- PATIENT,INJURED 30/208-60-9027 AGE:37y
- --
- Appt Date/Time : 27 Oct 2004@1330 Type: ACUT Status: KEPT
- Clinic : PRIMARY CARE CLINIC - FO MEPRS : BGAA
- ==
- Date of accident: 26 Oct 2004
- Injury cause code #1: **Employment**
- Injury cause code #2: **Auto Accident**
- Injury cause code #3:
- Geographic Location: **NY**
- Place of Employment: Atlantic Oil Co. 703-681-3492 **(This field is 54 characters, free text)**
- Place of Injury/Accident: **(Required entry, free text, 54 characters maximum)**
-
- Valid Injury ICD9 codes are: E800-E999
-
- Geographic Location is collected for all accidents/injuries.

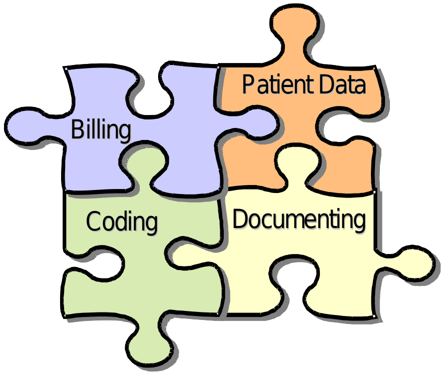
New Requirements - Coding



- Modifies the requirement introduced to support the HIPAA 837 Claims Processing project requiring the entry of Injury related data when ICD-9 external causes of injury and poisoning (E800 through E999) are entered in the ADM encounter.
  - Not necessary to have ICD-9 in the 800-999 series
  - Could be a follow-up from downtown ER, so the correct ICD-9 could be a V54.x
  - Could be something like 724.2 lumbago
  - Could be asthma for E869.4 Accidental poisoning by second-hand tobacco smoke (in injury free-text area collect if parent, care giver, etc.)

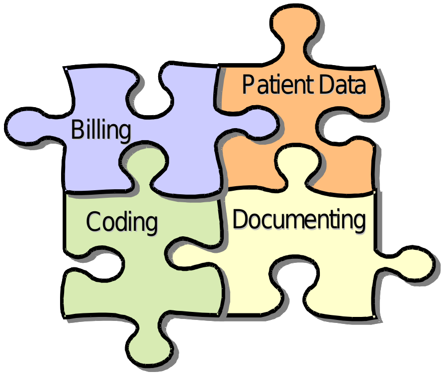
CORE COMPETENCIES

New Requirement - Coding



- HIPAA 837 requirement:
  If “No” is entered in the “Injury Related” field, but ICD-9 codes are entered in the range of E800 to E999.99, the “Injury Related” field will automatically change to “Yes” and the system will prompt the user to fill in the Injury Related information before filing the encounter screen.
  - This business rule implied that if you entered “Yes” in the ‘Injury Related’ field that at least one ICD-9 code must be in the range E800 to E999.99 [deleted].
    - This could be a follow-up at same MTF. As the E-code is ONLY used for the first encounter, you could have “injury related” with a “yes” but would NOT have a E-code.
  - CHCS shall allow the entry of MAC Injury related data in the ADM encounter for any ICD-9-CM code(s) with or without the entry of the External Causes code(s) (E-codes).

CORE COMPETENCIES


Patient Data
Billing
Coding
Documenting

Coding Requirement

- There is a requirement to code inpatient professional services in an “A” MEPRS account.
- Code injuries in the inpatient professional services encounter just like the outpatient professional services encounter.

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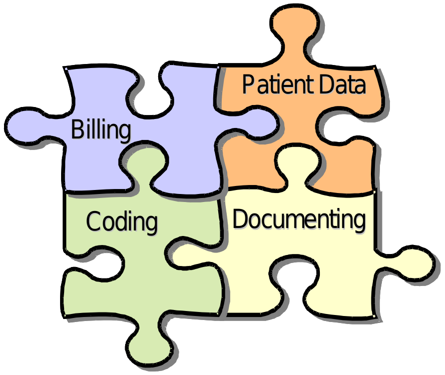
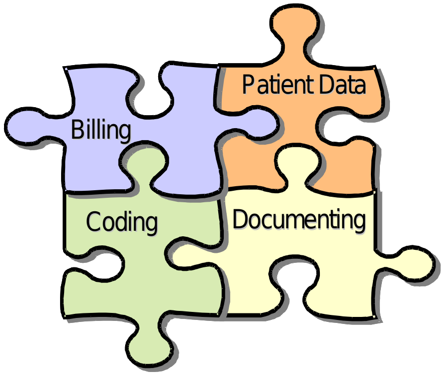
Old Coding Requirement


Patient Data
Billing
Coding
Documenting

- E-coding
  - If this is the FIRST encounter at this MTF for this injury, code up to three applicable E-codes.
  - E-codes are not primary codes so they will be in the 2nd, 3rd or 4th code position.

CORE COMPETENCIES

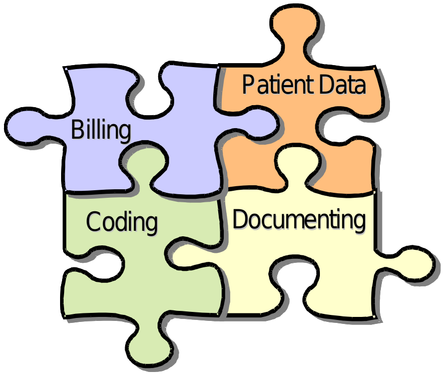
Injury Log Requirement



- The requirement is still there
  - But, it is next to impossible to get staff to fill it out.
  - The new reports will help you identify potential MAC patients.
    - If the E-codes are used, and the “Injury/Accident” flag is used, you will have an idea of which patients to contact to obtain information to fill out injury log.

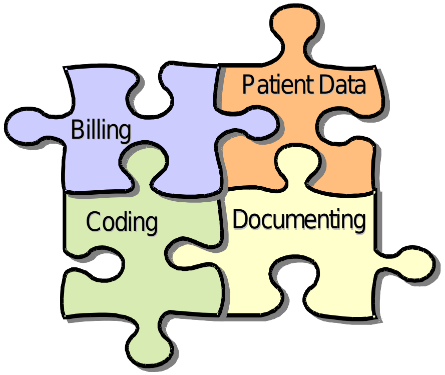
CORE COMPETENCIES

Reports Available to MAC Clerk



- Use reports to identify initial encounters for injuries.
  - Determine if possible MAC (someone else responsible who might have insurance, of if the individual had insurance that might cover this such as active duty member in a one-vehicle automobile accident and he has automobile insurance)
  - If possible MAC case, contact the patient for enough data to complete Injury Log which will be sent to Legal for determination

Report Fields Available to MAC Clerk



- Patient Name
- Patient SSN
- FMP & Sponsor SSN
- Sponsor Name
- Patient Date of Birth
- Patient Work Telephone Number
- Patient Home Telephone Number
- Date of Injury
- Cause Code(s) (Up to three cause codes per encounter visit)
- Place of Injury **(free text field)**
- Place of Employment **(if applicable, free text field)**
- Geographic Location (if applicable)
- MEPRS Code(s)/Clinic Description(s)
- Date of Service for each visit
- Provider Name
- Provider CHCS Specialty Code
- Provider HIPAA Provider Taxonomy code
- Provider CHAMPUS Maximum Allowable Charge (CMAC) class
- E&M Code(s) for each visit with applicable Modifier (up to three modifiers per E&M Code)
- ICD-9-CM Code(s) for each visit **(Only ICD-9-CM codes with a priority of 1, 2, 3 or 4)**
- CPT/HCPCS Code(s) for each visit with applicable Modifier (up to three modifiers per CPT/HCPCS Code)
- Diagnosis level indicators assigned to each CPT/HCPCS code(s)

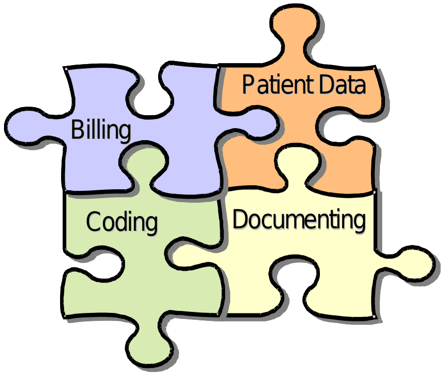
Patient Name Patient DOB Patient SSN Home Telephone Work Telep
Squarepants,S-Bob **17 DEC 1974** **###-##-####** **###-###-####** **###-###**
FMP/SPONSOR SSN: **##/###-##-####** SPONSOR NAME: <PAGE BREAK ON NEW

Date or Injury/Accident: **26 NOV 2004** Injury/Accident Cause Code(s): **OA/AA/EM** Geographic Location: **V**
Place of Injury/Accident: **Home accident with lawnmower**
Place of Employment: **First Company**
23 MAR 2004 MEPRS/CLINIC NAME PROVIDER: SPECIALTY CODE:
TAXONOMY CODE: CMAC:
DX 1: E800.00 DX 2: ####.## # DX 3: ####.## # DX 4: ####.## #
E&M 1:##### DX LVL: MOD 1: ### MOD 2: ### MOD 3: ###
E&M 2:##### DX LVL: MOD 1: ### MOD 2: ### MOD 3: ###
E&M 3:##### DX LVL: MOD 1: ### MOD 2: ### MOD 3: ###
CPT/HCPCS:##### DX LVL: MOD 1: ### MOD 2: ### MOD 3: ###
CPT/HCPCS:##### DX LVL: MOD 1: ### MOD 2: ### MOD 3: ###

Patient Name Patient DOB Patient SSN Home Telephone Work Telep
Name,Patient 17 DEC 1974 ###-##-#### ###-###-#### ###-###
FMP/SPONSOR SSN: ##/###-##-#### SPONSOR NAME:
25 MAR 2004 LABORATORY MEPRS/NAME HCPCS: ########
LABORATORY MEPRS/NAME HCPCS: ########
LABORATORY MEPRS/NAME HCPCS: ########
23 MAR 2004 RADIOLOGY MEPRS/NAME HCPCS: ########
23 MAR 2004 PHARMACY MEPRS/NAME NDC:########### QTY DISPENSED: #######.##
01 APR 2004 PHARMACY MEPRS/NAME NDC:########### QTY DISPENSED: ###
30 MAR 2004 MEPRS/CLINIC NAME PROVIDER: SPECIALTY CODE:
TAXONOMY CODE: CMAC:

DX 1: E800.00 DX 2: ####.## # DX 3: ####.## # DX 4: ####.## #
E&M 1:##### DX LVL: MOD 1: ### MOD 2: ### MOD 3: ###
CPT/HCPCS:##### DX LVL: MOD 1: ### MOD 2: ### MOD 3: ###

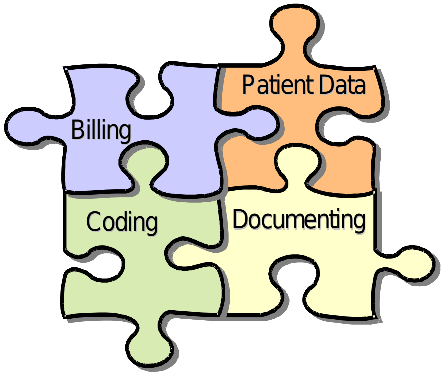
To Generate the Report



- A new CHCS Security Key ADM MAC Report will be added.
  - To control access to the MAC report option to request the report.
  - Search criteria will be limited to the division into which the user is currently logged in. To run the report for another division to which the user has access, the user must switch divisions before entering the desired search criteria.
  - The report will include all divisions to which the user has access or what has been defined for the user in the CHCS User file.

CORE COMPETENCIES

Menu Path to Generate Report

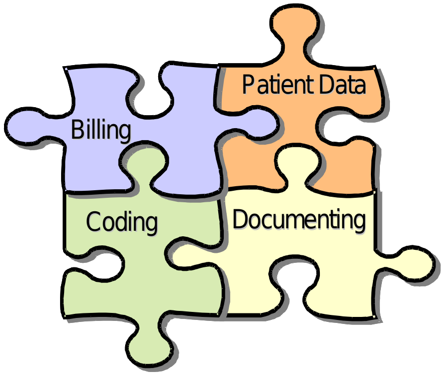


MENU PATH: ADS>2>MAC

STYL	User Prompt Style
1	Appointments with No ADM Records by Clinic
2	ADM Patients with 3rd Party Insurance
3	ADM Compliance Report
4	ADM Records with Unresolved Coding Issues
5	Interface Transmission Status of ADM Record
6	Encounter Summary Report by Clinic/Provider
7	For Clinic Use Only Report
8	Encounter Specific Code Report by Clinic/Provider
9	Top Number Encounter Report
10	Appointment/Encounter Count Report
11	Patient Encounter Records Report
MAC	**Medical Affirmative Claims Services Report**

CORE COMPETENCIES

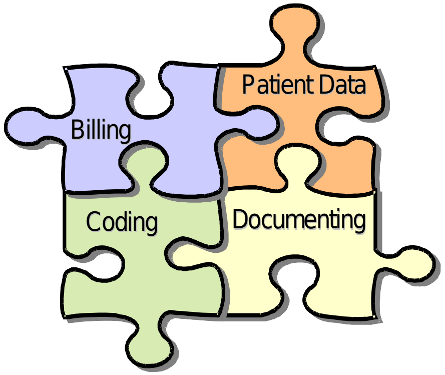
Report by Appointment or Injury Date



- **Search by (A)ppointment date or (I)njury date? A//**
  - The default will be Appointment date. When selected the prompts will display as shown below:
- **Enter Appointment Start date://**
- **Enter Appointment End date://**
  - The user will be limited to selecting a 60 day period for which to generate the report.
- **Search by positive Injury Related Answers?Y//**
  - The default will be “Yes.” A “NO” response will include both MAC flagged and non-MAC flagged data.
- The date prompt will be displayed as follows:
- **Enter Injury Start Date://**
- **Enter Injury End Date://**

CORE COMPETENCIES

Report by SSAN

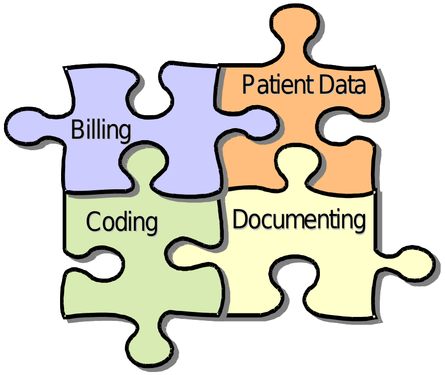


- **Search by Patient (O)ne, (M)ultiple or (A)ll: A//**
- **Enter Patient: NAME,PATIENT**
- **Enter another Patient: 001011000**
  - SSN will be entered without special characters such as dashes.
  - The user will be able to enter either the patient name or the patient or sponsor SSN and a pick list of patients with matching name or SSN or first letter of the last name and the last four digits of the SSN.
  - **Examples:**
- **Select PATIENT NAME: NAM** <or> **N1000** <or> **001011000** <or> **NAME,PATIENT**

```
1   NAME,BENJAMIN JARET      20/001-01-1000 12 Apr 1969 M
    FO5  PSP
2   NAME,HANNAH A            01/001-01-1000 13 Jul 1990 F
3   NAME,KIMBERLY C          30/001-01-1000 12 May 1971 F
```

CORE COMPETENCIES

Report by Diagnosis Series



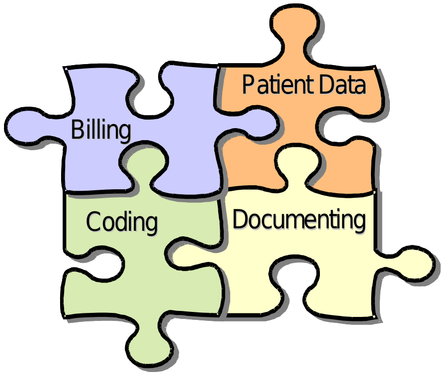
- **Search on Diagnosis: (O)ne , (M)ultiple, (R)ange, (A)ll or Quit//**
- Selection of (O)ne allows the user to enter a single code and the first three characters or any portion of user input will be used as the variable for matching any of the numerical or alpha-numerical codes regardless of the ICD-9 code activation status. A minimum of three characters will be required for the search to be specific. The prompt for (O)ne code will display as follows:
- Enter First Part of ICD-9 Code:// 850
- Codes will display as pre-selected and the user may deselect codes to exclude.
- **Enter First Part of ICD9 Code:// 850**

Diagnoses Selection

- CODE   ACTIVATION STATUS DESCRIPTION
- [---]
-   850.0   ACTIVE   01Jan80 CONCUSSION W/O COMA
-   850.00   ACTIVE   01 Oct 03 CONCUSSION W/O COMA W/O LOC
- *850.1   INACTIVE 01Oct03 CONCUSSION-BRIEF COMA
-   850.11   ACTIVE   01Oct03 CONCUSS W LOSS CONSC 30 MIN/<
-   850.12   ACTIVE   01Oct03 CONCUSS W LOSS CONSC 31-59 MIN
-   850.2   ACTIVE   01Jan80 CONCUSSION-MODERATE COMA
-   850.3   ACTIVE   01Oct01 CONCUSSION-PROLONG COMA
-   850.4   ACTIVE   01Oct01 CONCUSSION-DEEP COMA
-   850.5   ACTIVE   01Oct01 CONCUSSION W COMA NOS
-   850.9   ACTIVE   01Jan80 CONCUSSION NOS

CORE COMPETENCIES

Range of Diagnoses


Patient Data
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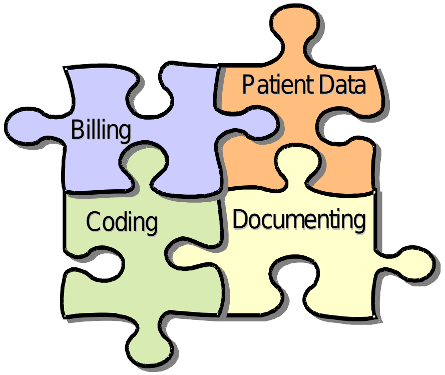
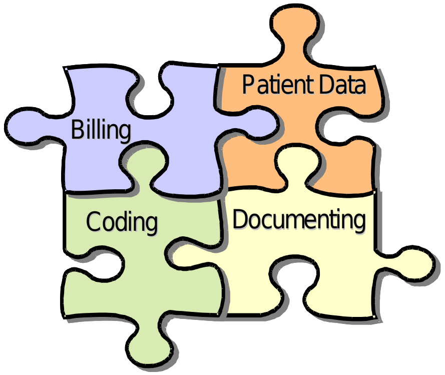
- The selection of a diagnosis range or “R” will display the prompt to the user to enter a beginning and ending ICD-9 code range.
- **Enter First Part of ICD9 Code to Start:// 850**
- **Enter First Part of ICD9 Code to End:// 870**

Select Printer for Report



- **Output to (E)xport/Import file or (P)rinter? P//**
- The default will be “Printer”.
- Selection of the output option “Printer” will allow the user to send the report to the print spooler, screen, or printer. The print format of the report will be landscape, 132 columns, and compressed font.
  - The device prompt displayed to the user allows for the following output paths. Bold italics show the user input to the responses.
- Printing to screen or home will return these prompts.
- **Select DEVICE: <Return>**
- ***Sorting...***
- Report displays to the screen in 132 columns and compressed font.

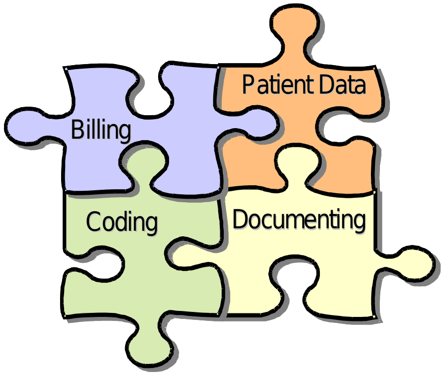
Spooling Report



- Printing to a Spool device or file will allow the report to be retained for a 7 to 14 day period depending on the host defined parameter for the Spool device. The user may enter a different start time for the report to be created or accept the default. The system will display these prompts to the user.
- **Select DEVICE: QUEUE TO PRINT ON**
- **DEVICE: SPOOL**
- **Select SPOOL DOCUMENT NAME:** ***MAC report 01 OCT04-31 OCT 04***
- **Are you adding "MAC REPORT 01 OCT 04-31 OCT 2004" as a new SPOOL DOCUMENT?** ***y*** **(YES)**
- **EXPIRATION DATE: 16 Dec 2004//**
- **Requested start time: NOW// (*01 Dec 2004@0827)***
- **TASKED SUCCESSFULLY (994184)**
- **Press <RETURN> to continue**

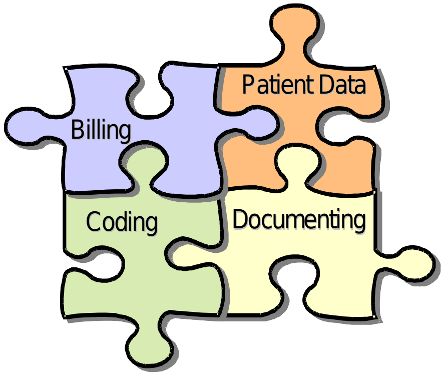
CORE COMPETENCIES

Alerting Staff that Record is a MAC Record



- Need to ensure ALL encounters have documentation
- Need to ensure medical record is not transferred to another facility without alerting new facility that record is a MAC record
- Can mark record (Green 3x5 index card with “MAC do not keep overnight” stapled to front of record)
- Can put second “cover” over the regular file cover
- Can have in separate “File Room” in CHCS (and kept separately or in the main record room)
- When kept separately, have charge out in main record room to collect loose paperwork

Closing MAC Cases


Patient Data
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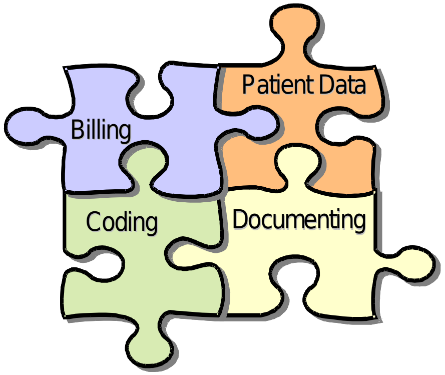
Documenting

- Use reports to identify MAC cases that have not had an encounter related to the injury in 30 days
- Contact Primary Care Manager to see if injury issue is resolved
- If resolved, forward MAC billing package to legal

CORE COMPETENCIES

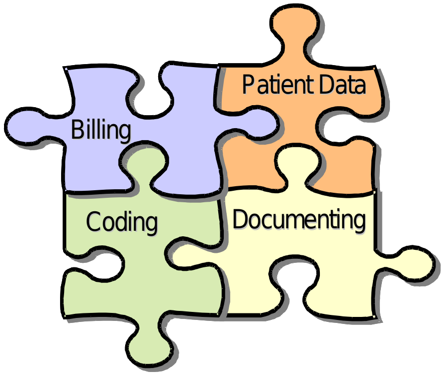
Forwarding MAC Cases to Legal



- Use reports to identify ALL possible services related to the injury
- Check medical record to make sure documentation is available
- Check with RMO to see if MTF paid for any related civilian consults, referrals or other procedures
- Check for TRICARE services

CORE COMPETENCIES

How to Use the Reports


Patient Data
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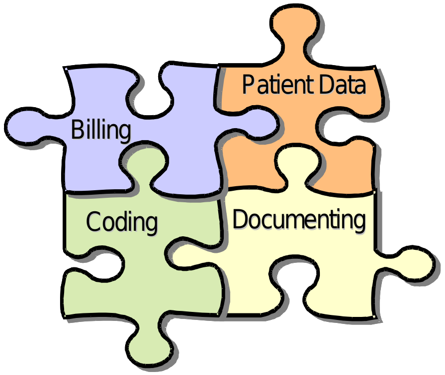
Documenting

- Diagnosis level indicators assigned to each CPT/HCPCS code(s)
  - The diagnosis level matches the procedure to the diagnosis
  - Work with your provider POC to determine which laboratory tests, radiology procedures, and other services apply to the injury

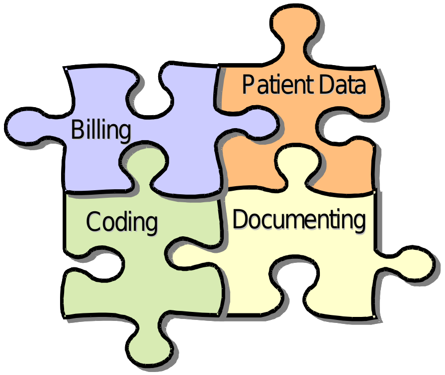
External Cause Of Injury Codes (E-Codes)



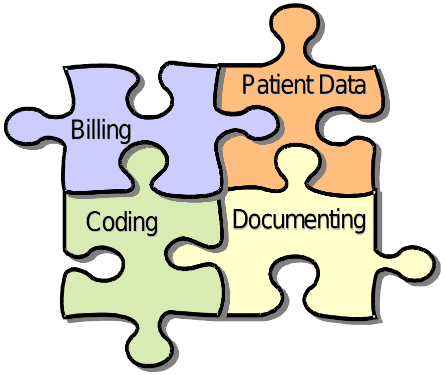
- Only used the first time services are received in relation to the injury/accident at your MTF. For instance:
  - If seen in the ER then followed-up in FPC, would only expect to see it on the ER encounter
  - If a parent is a tobacco user, would only see it coded once, even if the child is only with that parent in July and December

CORE COMPETENCIES

ICD 800-999 Codes



- The initial treatment is usually coded with an injury code, such as 812.02 Fracture of humerus, closed, anatomical neck
- Follow-on encounters will be coded with V-code such as V54.11 Aftercare for healing traumatic fracture of upper arm
- If you see codes in the 800-999 range repeated in multiple visits, contact coding and ask them to review the documentation and coding
  - It could be a new injury each time, but incorrect coding is usually the reason

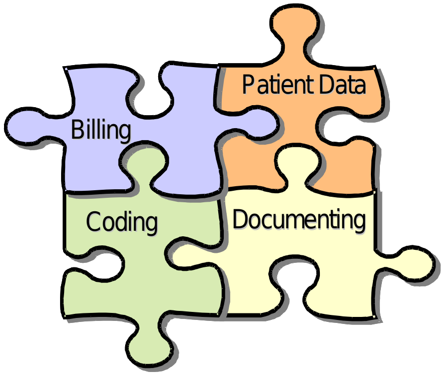

Patient Data
Billing
Coding
Documenting

ICD Codes

- Some injury codes are not in the 800-999 range
- Sprains, strains and pain – 717-729.9
- Residual foreign bodies

CORE COMPETENCIES

Some Initial Injuries Will Not have Useful E-code


Patient Data
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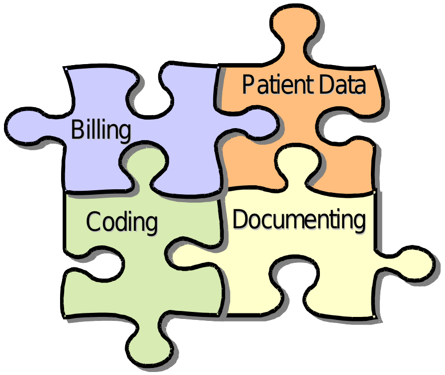
- Blisters or abrasions, with or without mention of infection
- Could use E849.9 Unspecified Place of Occurrence (which takes time to collect and provides no information)
- Most ICD-9 codes between 800 and 999 will have useful E-codes

CORE COMPETENCIES

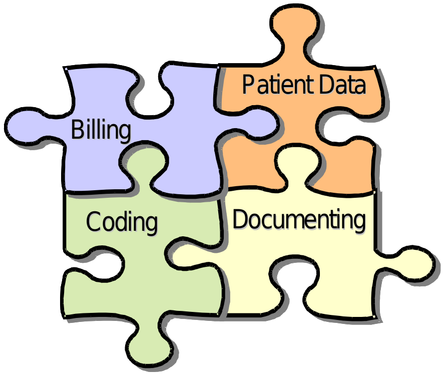
Understanding CPT Codes



- Be very careful with modifiers
- If a patient is seen at a civilian ER for a fracture, say the humerus, the code would be 23600-54 (to show the operative procedure only)
- Then the patient is followed up in our Orthopedic Clinic, for the first follow-up you would code 23600-55 for all the post operative care (the code would only be used the first time, then the uncomplicated post operative care would be coded with 99024)
- Only bill for the modified code, not the base code.

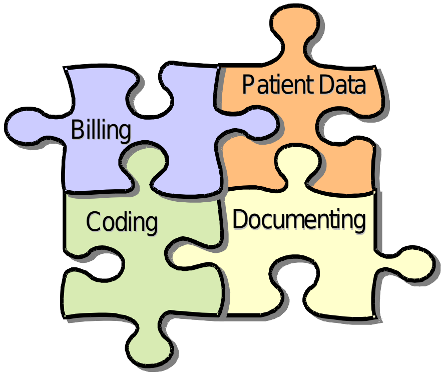
CORE COMPETENCIES

Summary



- Major problems with MAC
  - Identifying potential MAC cases
  - Closing out MAC cases and forwarding to Legal
- Enhanced MAC module
  - Appointment clerks and technicians can collect free text to help you screen injury patients
  - Able to see all injury related encounters to screen for completed care and identify all services for a patient
- E-codes are only used for initial encounter

CORE COMPETENCIES


Patient Data
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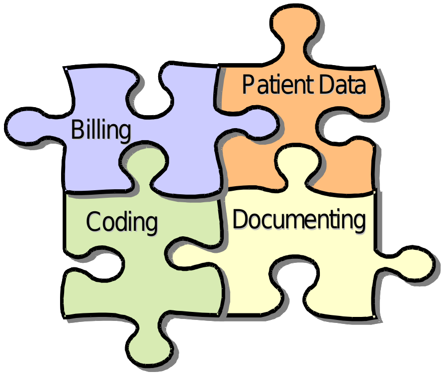
- Questions?
- Chapter 5 of the UBO Manual

CORE COMPETENCIES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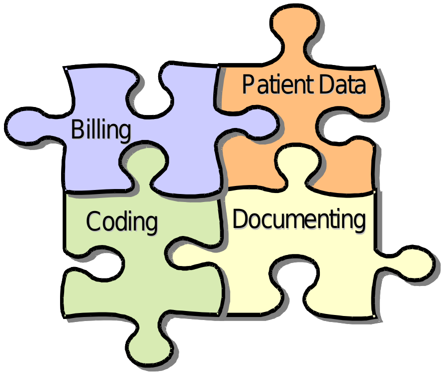
UBO Manual Overview/Changes

SMSgt DeLisa Prater, AF UBO Program Manager
Mr. Douglas Ashby, Army UBO Program Manager
Ms. Elizabeth Coke, Navy UBO Program Manager
Ms. Robbi-Lynn Watnik, Esq., UBO Support Contractor

UBO/UBU Annual Conference
Track 3 – UBO Basic
18 May 2005

CORE COMPETENCIES


Patient Data
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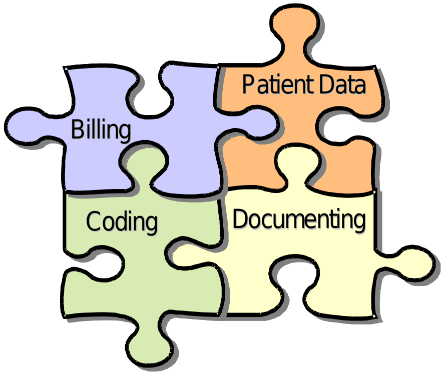
Documenting

Objectives

- Understand the reasons for revisions.
- Recognize the changes to the 1997 manual, highlighting key changes.
- Begin to expect new Manual release.

CORE COMPETENCIES

Overview


Patient Data
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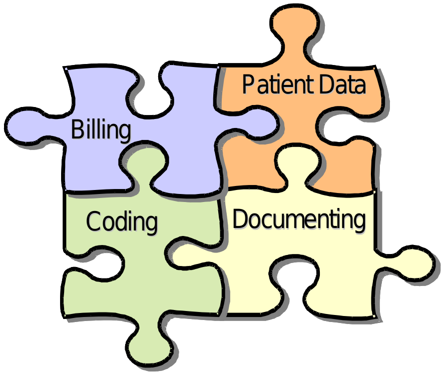
- Service-specific provisions are stricken from the Manual.
- Most references/documents are hyperlinked for easy access and review.
- Chapter 6 in the 1997 Manual – split into two chapters
  - Chapter 6 – Charges for Medical Services
  - Chapter 7 – Subsistence

CORE COMPETENCIES


Patient Data
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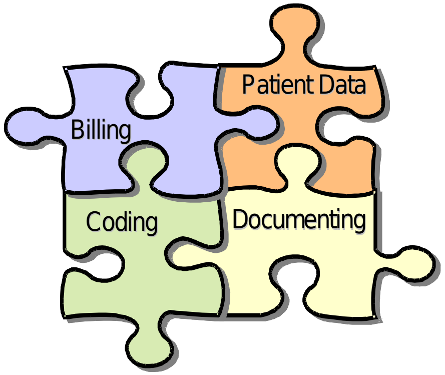
Chapter 1
Introduction

CORE COMPETENCIES

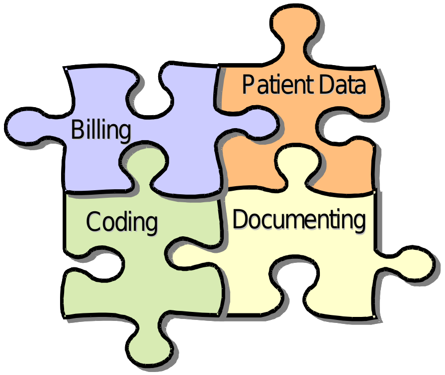
Chapter 1
Introduction



Purpose

- Replaces “uniform management system for Military Treatment Facility (MTF) business office functions” with “standardized guidance for the business office portions of the revenue cycle function at Military Treatment Facilities (MTFs).”
- Expands the MSA billing activity description to specify types of patients for whom MSA billing is appropriate.
- Expands the description of Third Party Collection.

Chapter 1
Introduction

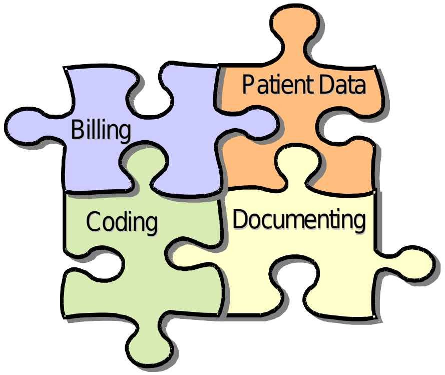


Responsibilities

- Terminology changes
  - “Assistant Secretary of Defense (Health Affairs)” changed to “Executive Director TRICARE Management Activity.”
  - “Under Secretary of Defense for Personnel and Readiness” changed to “Assistant Secretary of Defense (Health Affairs).”
  - “Joint Services and Health Affairs” changed to “Tri-Service and TMA work groups.”
  - “Management information systems” changed to “automated information systems” (AIS).
  - ‘Major Medical Command” changed to “The Services.”
  - “Joint Service (Tri-Service) HA work group” changed to “TMA work groups.”

CORE COMPETENCIES

Chapter 1 Introduction

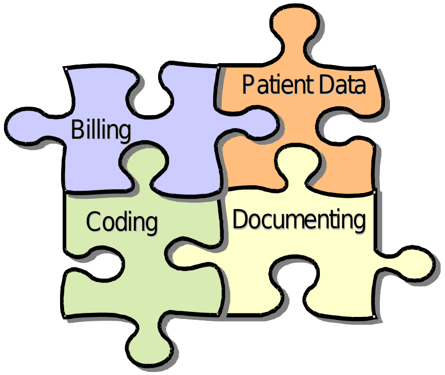


Responsibilities (continued)

- New responsibility for TMA.
  - Maintain a database of all Service policies and procedures issued to implement this guidance document.
    - Ensure that Service policies and procedures are in compliance with this guidance document Clarifies that the purpose of the a marketing program is “to achieve maximum Other Health Insurance (OHI) capture.”
  - Military Department Secretary responsibility.
- The Military Department Secretary must report to TMA instead of Office of the Assistant Secretary of Defense for Health Affairs.

CORE COMPETENCIES

Chapter 1
Introduction


Patient Data
Billing
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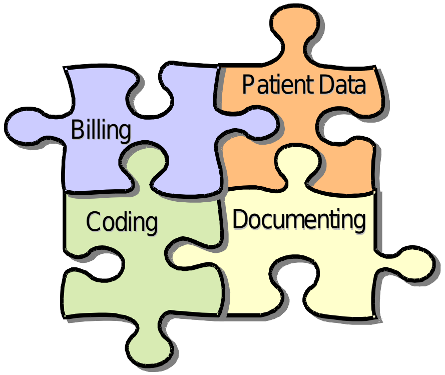
Training

- Moved to the Service level.
  - April 1997 Manual - Secretary of each Military Department

CORE COMPETENCIES

Chapter 1
Introduction


Patient Data
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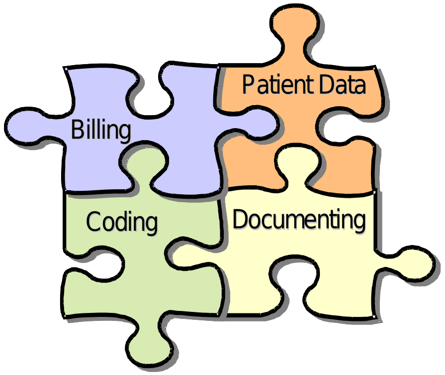
New Material

- Clarification at Service level that funds received through the Third-Party Collection Program are used *only* to enhance healthcare services.
  - Reinforces the statute.
- Services must submit reports to higher authority as required.

CORE COMPETENCIES

Chapter 1
Introduction


Patient Data
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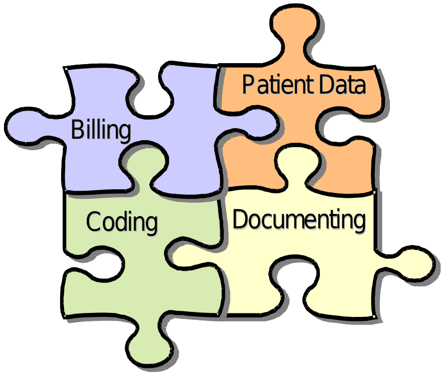
New Material

- New requirements for the MTF commander regarding the Business Office.
  - Begins the compliance structure that is outlined in Chapter 2.

CORE COMPETENCIES


Patient Data
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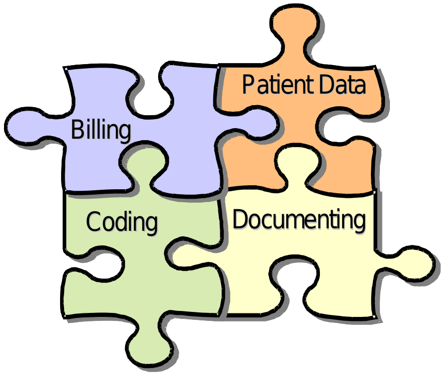
Chapter 2
Compliance

CORE COMPETENCIES

Chapter 2
Compliance

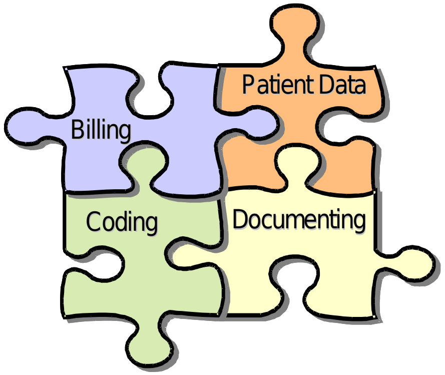


In General

- Complete revision of the April 1997 Manual.
  - Brings compliance to the forefront of billing activities.
  - Basically modeled after Compliance Guidance documents issued by the Department of Heath and Human Services Office of Inspector General.
    - Adjusted to meet the unique needs of the Military Health System.

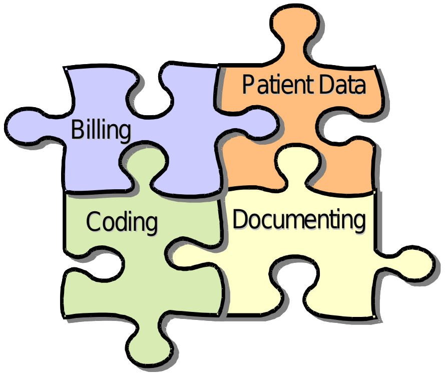
CORE COMPETENCIES

Chapter 2
Compliance



- Portions of the April 1997 Manual moved to other parts of the new Manual.
  - Example – Discussions of the MSA and TPC office locations are inserted in the respective chapters addressing the specific office.
- Recommendations for Auditing And Monitoring Activities.
  - Similar to the April 1997 Manual.

CORE COMPETENCIES


Billing
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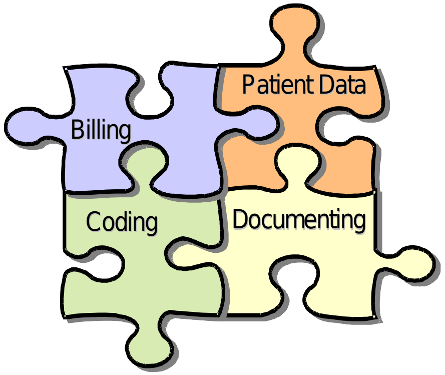
Chapter 3

Medical Services Account

CORE COMPETENCIES

Chapter 3
Medical Services Account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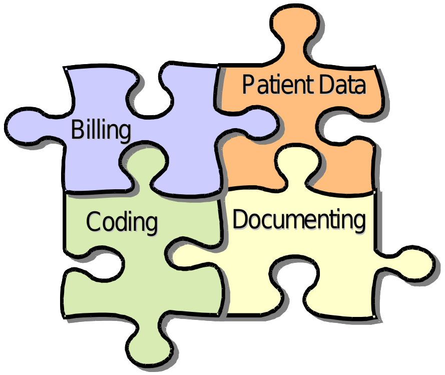
General

- No change in overall issues
- Service-specific references have been stricken.
- “Medical services” = “medical and dental services.”

CORE COMPETENCIES

Chapter 3
Medical Services Account


Billing
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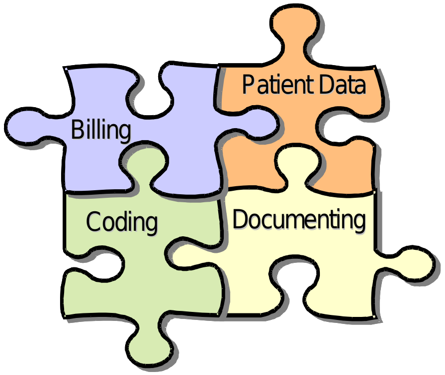
Appointment of the MSA Officer

- The MSA officer *must* be a commissioned officer, NCO, warrant officer or civilian employee.
  - A contractor may not serve as an MSA Officer.

CORE COMPETENCIES

Chapter 3
Medical Services Account

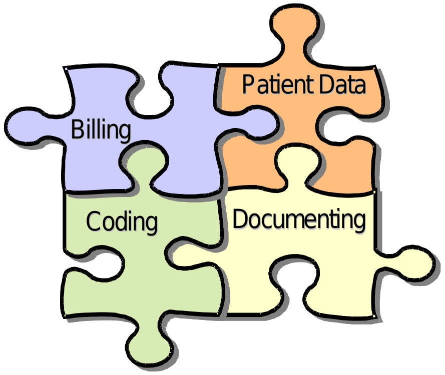


Responsibilities of the MSA Officer

- Provide relevant charge information to patient admissions personnel.
  - Originally, the MSA Officer had to ensure that “patients are aware of” the relevant charges.
- The cross reference to Chapter 6 is changed to Chapters 6 and 7 to reflect the change in the proposed Manual.
- The deposit and internal control procedures are revised.

CORE COMPETENCIES

Chapter 3
Medical Services Account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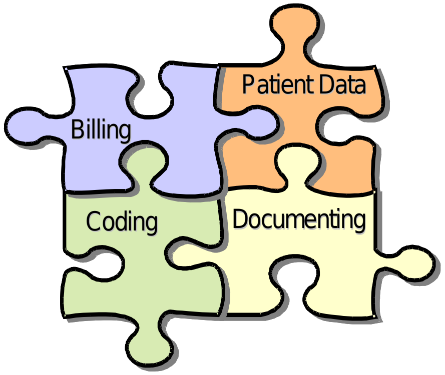
Transferring MSA Officer Responsibilities

- References to “FSO, DAO, and DO” have been stricken and replaced with “servicing accounting and finance offices.”

CORE COMPETENCIES

Chapter 3 Medical Services Account



Change Funds

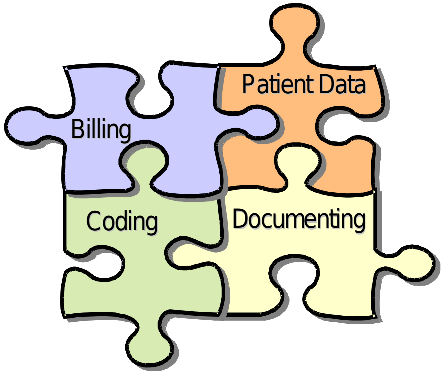
- This Section provides additional clarity as to how the change fund authorization is to be obtained.

Minimum Internal Controls

- This Section provides additional guidance to allow for manual reporting when automated reporting is not available or otherwise appropriate.

CORE COMPETENCIES

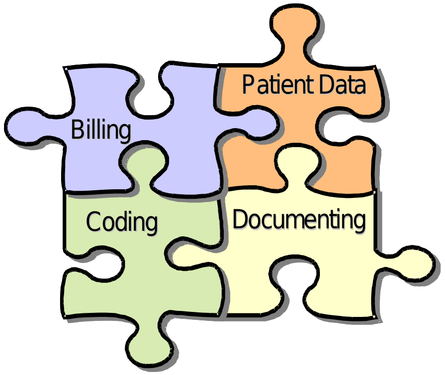
Chapter 3
Medical Services Account



Responsibility For Loss of Funds And Action to Be Taken

- The MSA officer may not procure surety bonds with appropriated funds.
  - MSA officers may not be required to provide bond at their personal expense.
- Lack of bond coverage does not relieve the custodian of responsibility for funds, patient valuables, or financial liability in case of loss.

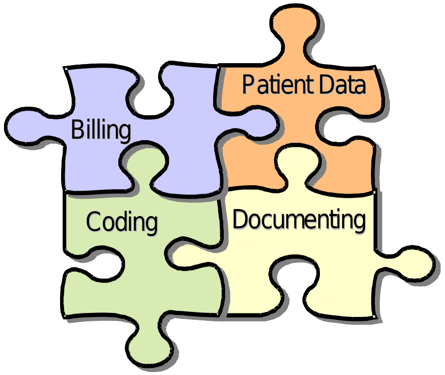
Chapter 3
Medical Services Account



Responsibility For Loss of Funds And Action to Be Taken (cont'd.)

- Notify the MTF commander if a loss or deficiency of Government funds, vouchers, or papers is discovered.
  - The MTF commander shall submit a request for an investigation from the base or post.
- If a loss occurs, take action as outlined in the *FMR.*

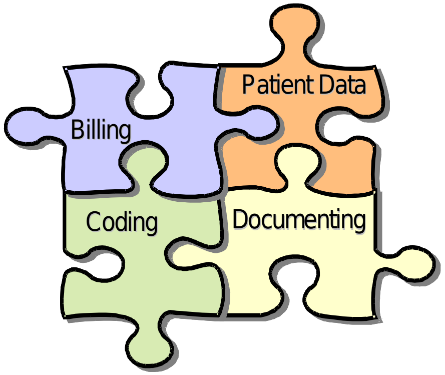
Chapter 3
Medical Services Account



Procedures for Charging Fees for Trauma Care and Other Medical Care Provided to Civilians (cont'd.)

- Civilians who are not covered beneficiaries shall be charged for trauma and other medical care.
- They are treated at their own expense and billed using an I&R.
  - These patients should complete a DD Form 2569.

Chapter 3
Medical Services Account


Patient Data
Billing
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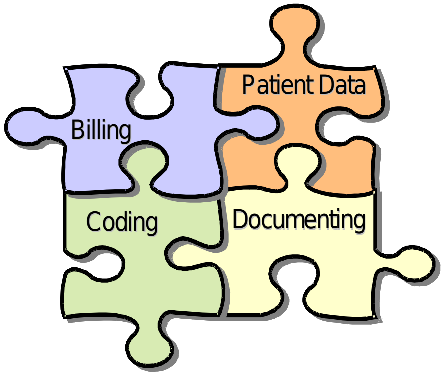
Documenting

Procedures for Charging Fees for Trauma Care and Other Medical Care Provided to Civilians (cont'd.)

- The amount collected shall be used for:
    - Trauma consortium activities;
    - Administrative, operating and equipment costs; and
    - Readiness training.

CORE COMPETENCIES

Chapter 3 Medical Services Account

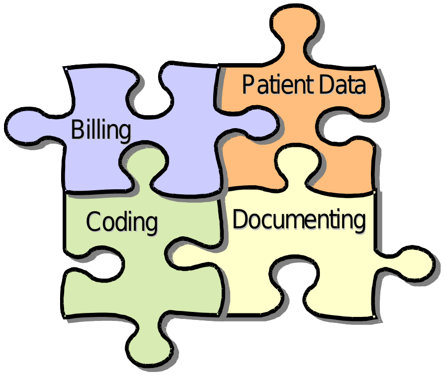


Billing Non-Uniformed Services Beneficiary Patients During Contingency Operations

- These individuals are eligible for treatment in forward deployed non-fixed medical facilities.
  - They should not be billed.
- Bill the patient if he or she needs services beyond the mobile setting and is transferred to a fixed MTF.

CORE COMPETENCIES

Chapter 3
Medical Services Account



Billing State Agency Sponsored Programs, Such As Medicaid

- Follow Service-specific guidelines for filing claims to state agency sponsored programs and for uncollected debt.
- Bill Medicaid on behalf of Non-Uniformed Services Medicare-eligible emergency patients at the full rate.

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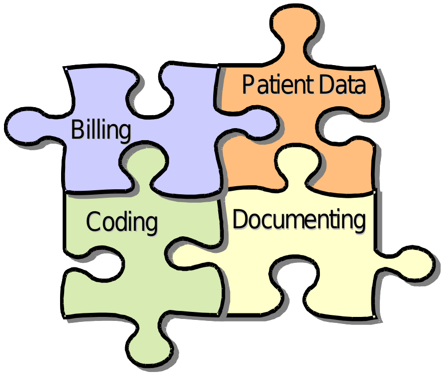
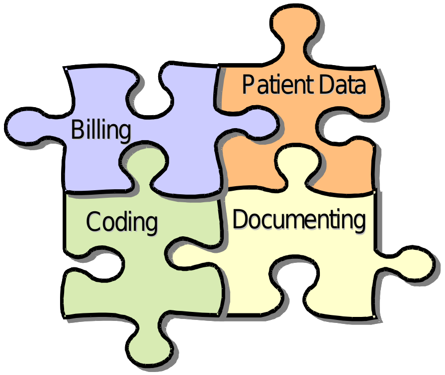
Chapter 3
Medical Services Account



Billing State Agency Sponsored Programs, Such As Medicaid

- The MSA Officer may also bill the patient directly for physician’s services if Medicaid does not pay.
  - Partial payments are accepted as payment in full.
- Provide the patient an itemized bill for the services rendered.

Chapter 3
Medical Services Account

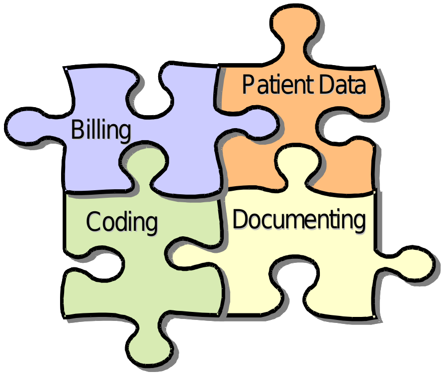


Health Care Billing for IMET, Foreign Military Sales (FMS), North Atlantic Treaty Organization (NATO)

- The MSA Officer shall obtain a copy of the invitational orders for Healthcare Billing for International Military.
- Look to the annual Medical and Dental Rates package for:
  - Charges for health care;
  - Responsibility for payment; and
  - collection and processing of bills

CORE COMPETENCIES

Chapter 3
Medical Services Account

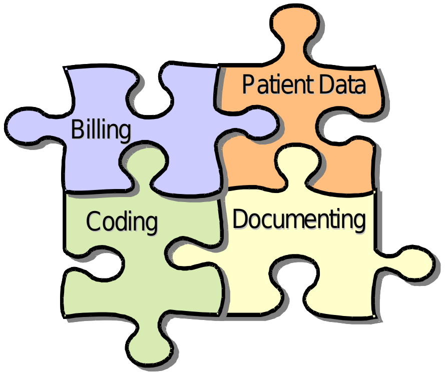


Elective Cosmetic Surgery

- Charge all patients for elective cosmetic surgery rates.
  - The rates are in the medical and dental rates.
- Implants and procedures must comply with FDA Guidelines.
- Patients must sign a letter acknowledging the debt.
  - File a copy of the letter in the MSA office accounts receivable file.

CORE COMPETENCIES

Chapter 3
Medical Services Account


Patient Data
Billing
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DD Form 1131, Cash Collection Voucher

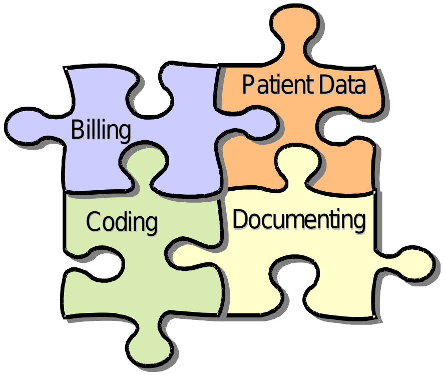
- This Section has been updated to reflect changes in automated processes within DoD since 1997.

Methods of Settling Outstanding Accounts Receivable

- References to 15-day follow-ups are stricken.

CORE COMPETENCIES

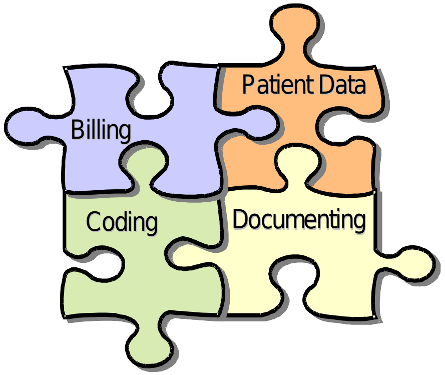
Chapter 3
Medical Services Account



Medical Services Account Reports

- New procedures for completing the Monthly MSA Report (DD Form 1860)
- At the end of each month, make a summary of MSA activity showing billing and collections for reimbursable services and subsistence.
  - The MSA officer shall submit a separate report for the current and prior fiscal years until all prior years' outstanding accounts receivable have been resolved.

Chapter 3
Medical Services Account


Patient Data
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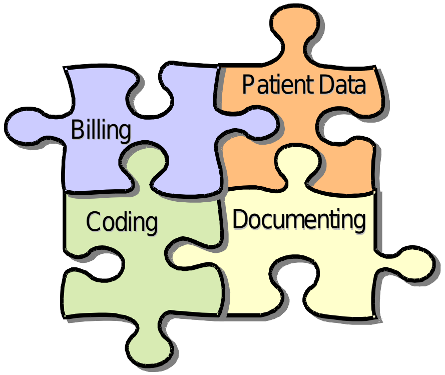
Medical Services Account Reports (cont'd.)

- Report the following separate sections by sales code:
  - Subsistence;
  - Medical Services; and
  - Food Service Rate collections.

CORE COMPETENCIES

Chapter 3
Medical Services Account


Patient Data
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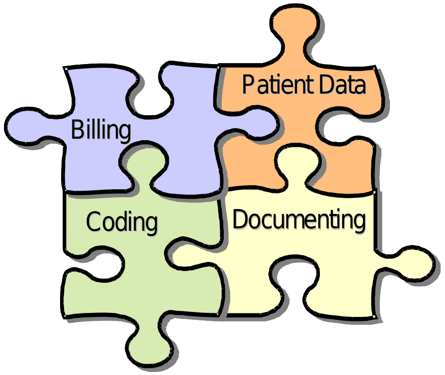
Disposition of Records

- The period of record retention is increased to six (6) years, three (3) months.

CORE COMPETENCIES


Patient Data
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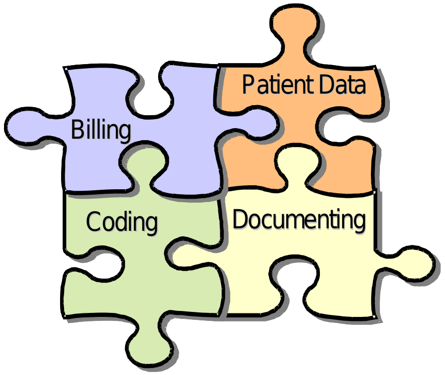
Chapter 4

Third Party Collection Program

CORE COMPETENCIES

Chapter 4
Third Party Collection Program

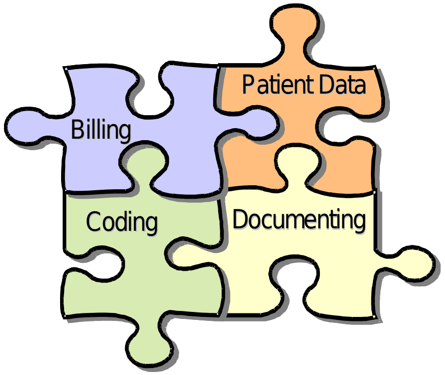


Overall

- Chapter more clearly delineates the elements of an effective TPCP.
  - Examples:
    - Adds requirement for a review of all aspects of the revenue cycle,
      - Was accounts receivable management.
    - Lists the minimum participants in that cycle.
      - A/R mgt, QA/UR, Admissions, etc.

C O R E C O M P E T E N C I E S

Chapter 4
Third Party Collection Program



Health Care Plans Not Subject to the TPC Program

- Modifies program titles to reflect their accurate legal titles.
  - “TRICARE” and “TRICARE Supplemental Plans” replace “CHAMPUS” and “CHAMPUS Supplemental Plans.”
  - Specifies the plans included in Medicare and Medicaid to preclude billing.

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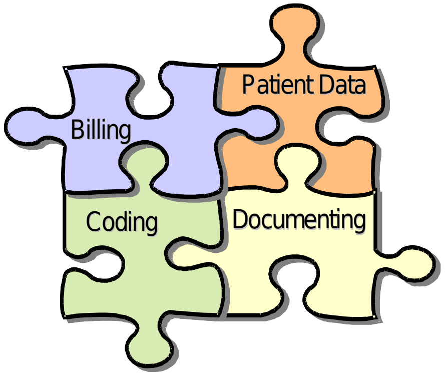
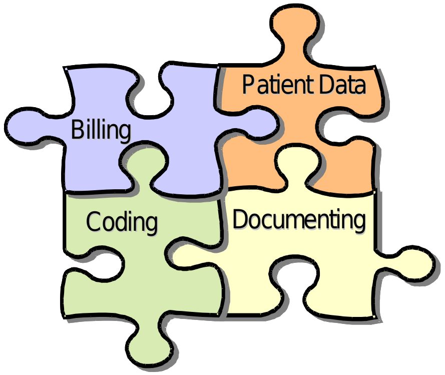
Chapter 4
Third Party Collection Program



Medical Services Billed

- Updates the list of services that are billable.
  - Observation, APVs, anesthesia
- No longer limits ancillary services billing to those that are high cost ordered by external providers.
  - We will be able to bill internally and externally generated ancillary services, with no minimum threshold.

Chapter 4
Third Party Collection Program



Medical Services Not Billed

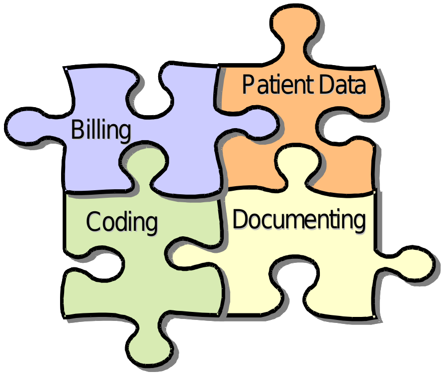
- Adds a requirement to notify TMA about any services for which rates are not established.

Identifying Beneficiaries Who Have Other Health Insurance (OHI)

- Enhanced instructions to obtain adequate information to bill a third-party payer.
  - Refers reader to Chapter 5 (MAC) for further guidance when injury is accident or work-related.
  - Adds instructions to obtain the employer of a patient’s parents if that patient is an unemancipated minor.

CORE COMPETENCIES

Chapter 4
Third Party Collection Program


Patient Data
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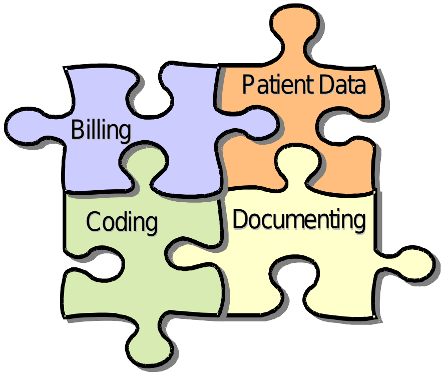
Billing Activities

- Updated to reflect changes due to transition to OIB.
- Updates forms used for billing.
  - CMS 1500 replaces HCFA 1500

CORE COMPETENCIES

Chapter 4
Third Party Collection Program


Patient Data
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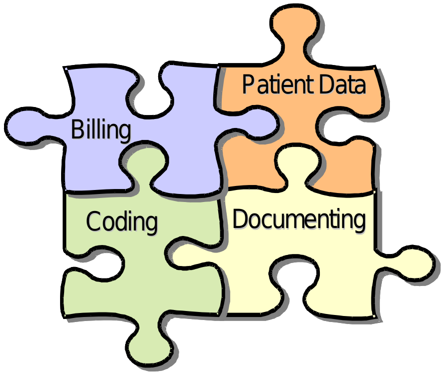
Authorization to Release Medical Information in Support of TPC

- Revised to reflect implementation of the HIPAA Privacy Rule.
    - Release only the minimum necessary information to private insurers.

CORE COMPETENCIES

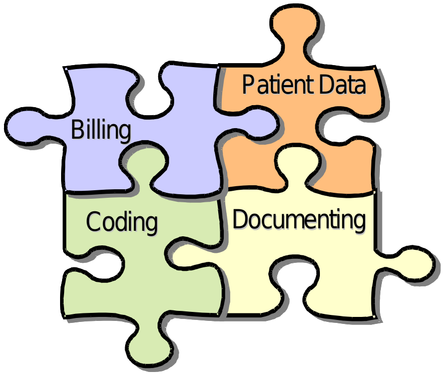
Chapter 4
Third Party Collection Program



Collection Activities

- Removes 30-day follow-up requirement.
  - Adds a 90-day follow-up requirement.
- Adds guidance on collection of interest payments.
  - Payment plus interest cannot exceed billed amount, etc.
- Specifies TPC claims files shall be maintained for at least 6 years, 3 months.

Chapter 4
Third Party Collection Program


Billing
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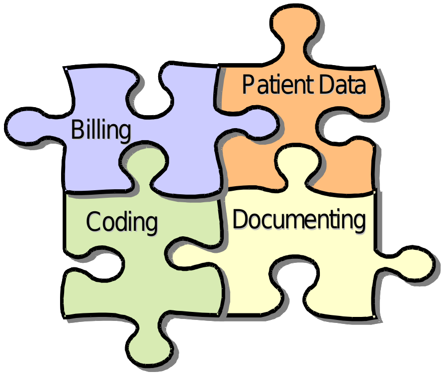
TPC Program Annual Report

- Includes additional specifications for the TPCP Annual Report to TMA.
  - Amount billed/collected, etc.

CORE COMPETENCIES


Patient Data
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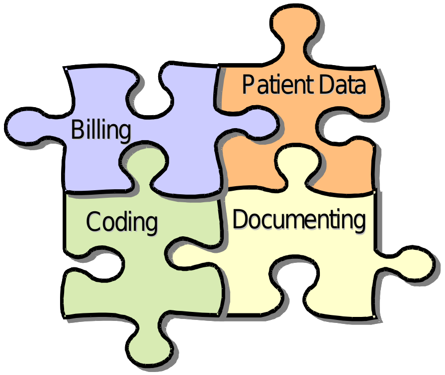
Chapter 5

Medical Affirmative Claims

Chapter 5
Medical Affirmative Claims



General

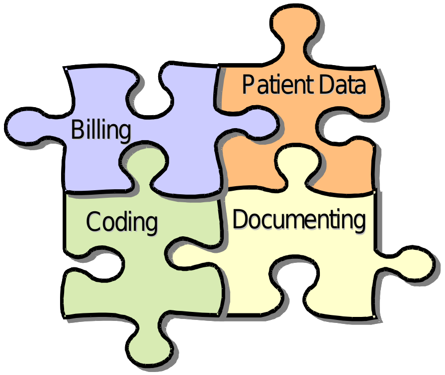
- “Contractually-based insurance” replaces “tort-based insurance.”
  - Deposits are made to the MTF O&M account
    - Authorized by federal law.

Recovery Judge Advocate

- Expands Recovery Judge Advocate responsibilities
  - Example: Contact TRICARE Claims processor to ensure all Government expenses are included in claim assertion.

CORE COMPETENCIES

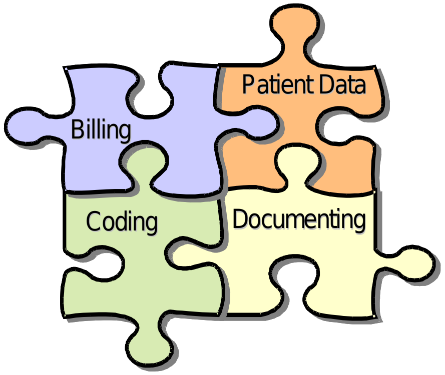
Chapter 5
Medical Affirmative Claims



MTF Responsibilities

- Expands procedures and documents to be used to identify and support potential MAC claims.
    - Example: Use existing TPC Program procedures and documents to the greatest extent possible to identify potential MAC claims and provide applicable accident and injury information.

CORE COMPETENCIES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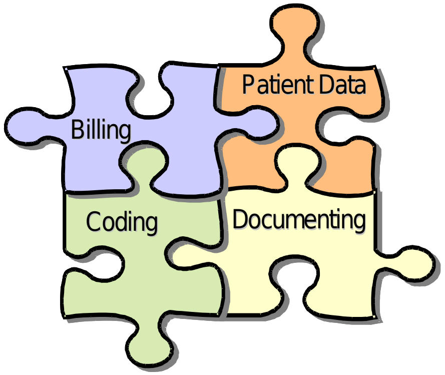
Chapter 6
Charges for Medical Services

CORE COMPETENCIES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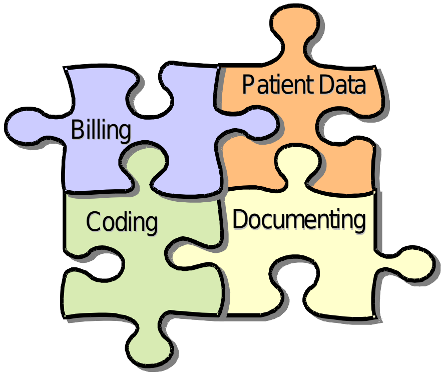
Chapter 6
Charges for Medical Services

Policy

- Offers more statutory authority.
- Inpatient charges are DRG-based rates.
- Adds outpatient itemized billing.
- TRICARE Resource Sharing Agreement.
  - Bill third party the same as any similar service.

CORE COMPETENCIES

Chapter 6
Charges for Medical Services


Patient Data
Billing
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Inpatient Rates

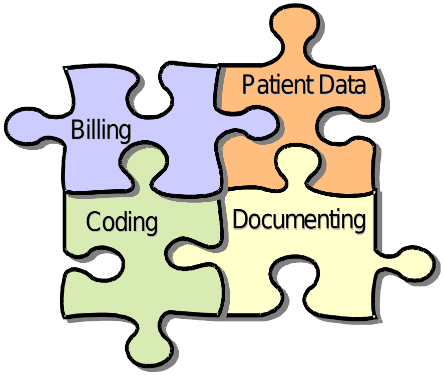
- Newborn Charge updates

Outpatient Itemized Billing

- Replaces the old outpatient billing with the changes due to outpatient itemized billing

CORE COMPETENCIES

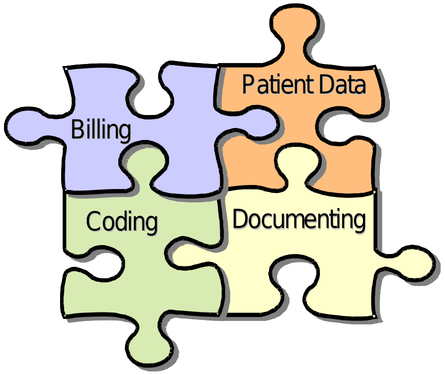
Chapter 6
Charges for Medical Services



Overseas Outpatient Charges

- Can bill non-beneficiaries OHI.
- Alert CO if there is no established rate to forward to TMA.
- Prescription refills and\or renewals when consultation or evaluation by a healthcare provider is not required.
  - NO LONGER AT NO CHARGE.

Chapter 6
Charges for Medical Services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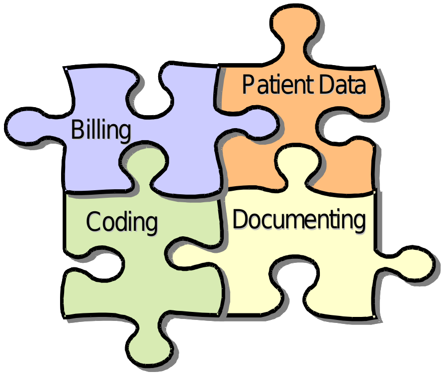
Appropriated and Non-Appropriated Employees

- Put in own section.
- List the services for which there are no charges for these individuals.


Patient Data
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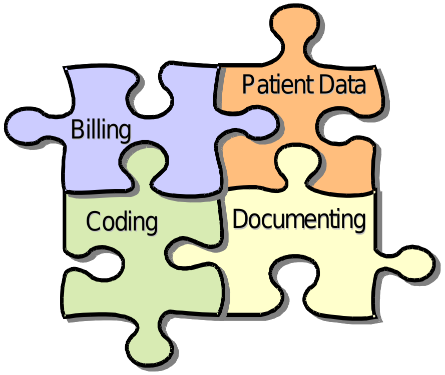
Chapter 7
Subsistence Charges

CORE COMPETENCIES

Chapter 7
Subsistence Charges


Patient Data
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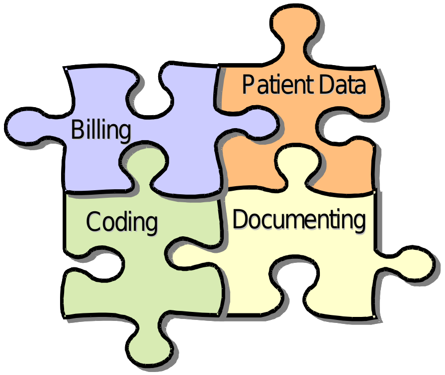
Policy

- Implements NDAA FY05 changes.
- AD and retirees do not pay subsistence charges.

Subsistence Charges

- Purpose and what is included in Subsistence charges.

CORE COMPETENCIES



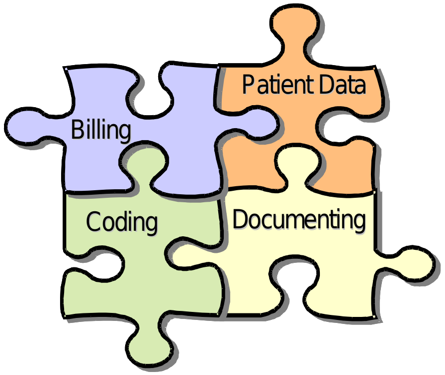
Chapter 7
Subsistence Charges

Collection and Disposition of Subsistence Charges

- Funds collected/deposited locally.
- MSA office attempt collection at time of discharge.
- Date of billing = date of discharge.
- If charges not paid in 30 days, MSA office will follow up with delinquent letter.

CORE COMPETENCIES

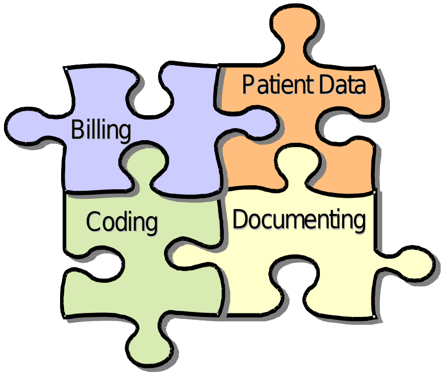
Chapter 7
Subsistence Charges



Collection and Disposition of Subsistence Charges (continued)

- No charges to transient patients.
- For Military Academies, MSA office will submit DD form 139 to appropriate service.
- MSA office collects monies from trustees/sponsors for mentally incompetent patients.

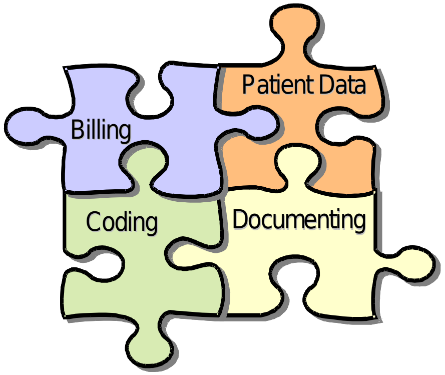
Chapter 7
Subsistence Charges



Discount Rate

- Changes “Exemption from charges” to “Discount rate”
- Per the FMR, the MSA officer must charge a discount rate to the following:
  - Spouses/Dependents of enlisted personnel in grades E-1 through E-4 who are not patients.
  - Members of non-profit youth groups are permitted to eat in dining halls.
    - e.g. Civil Air Patrol, Junior Reserve Officer Training Corps and Scouting units.

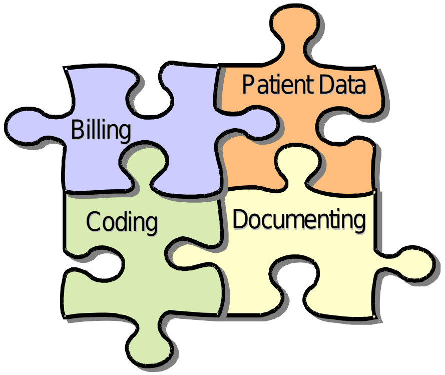
Chapter 7
Subsistence Charges



Discount Rate (continued)

- Officers, enlisted members and civilian employees who are not receiving the meal portion of per diem and are:
  - Performing duty on Government vessel
  - On field duty
  - In a group travel status
  - Included in essential unit measuring (EUM) as defined in Joint Federal Travel Regulation

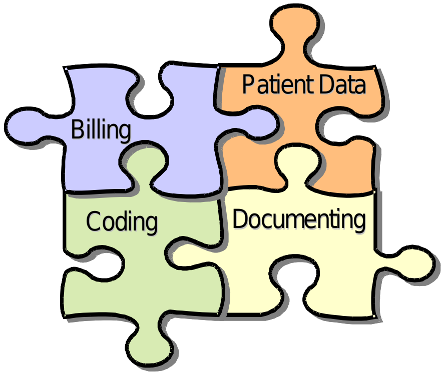
Chapter 7
Subsistence Charges



Discount Rate (continued)

- Officers, enlisted members and Federal employees who are not receiving the meal portion of per diem and are on a US government aircraft on official duty as a passenger or crew member engaged in flight operations.
  - Or they are involved on Joint Task Force operations other than training at temporary US installations or using temporary dining facilities.

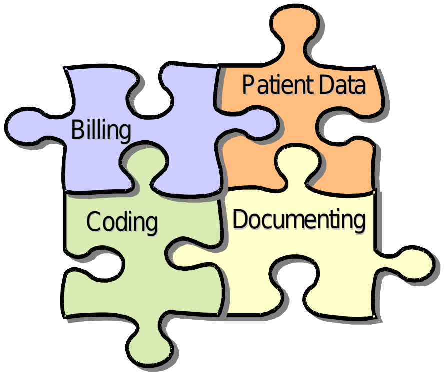
Chapter 7
Subsistence Charges



Standard Rate

- Per FMR, MSA Officer must charge the standard rate for meals served to all officers, enlisted members and Federal civilian employees receiving an allowance for subsistence, who are authorized to eat in DoD appropriated fund dining facilities.
    - This includes Reserve Component officers on Inactive Duty Training.

CORE COMPETENCIES

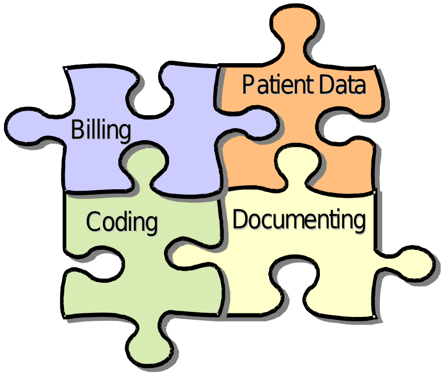

Patient Data
Billing
Coding
Documenting

Summary

- Understand the reasons for revisions.
- Recognize the changes to the 1997 manual, highlighting key changes.
- Begin to expect new Manual release.

CORE COMPETENCIES

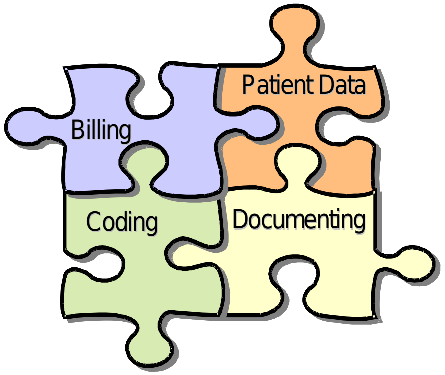
Questions?


Patient Data
Billing
Coding
Documenting

Contact Us

- SMSgt DeLisa Prater, AF UBO Program Manager
  - 703-681-6627 – delisa.prater@pentagon.af.mil
- Mr. Douglas Ashby, Army UBO Program Manager
  - 210-221-7840 – Doug.Ashby@amedd.army.mil
- Ms. Elizabeth Coke, Navy UBO Program Manager
  - 202-762-3572 – eacoke@us.med.navy.mil
- Ms. Robbi-Lynn Watnik, Esq., UBO Support Contractor
  - 703-575-1679 – Robbi-Lynn.Watnik@altarum.org

CORE COMPETENCIES

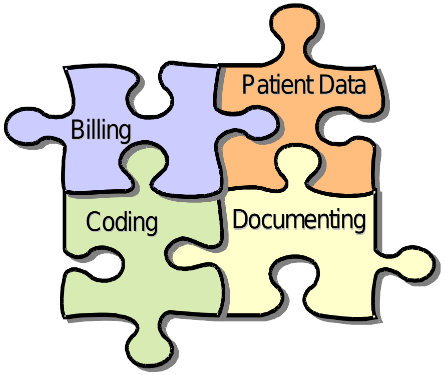

Patient Data
Billing
Coding
Documenting

Tips to Aid in Establishing your UBO Training Program

Clenton E. Ballard
18 May 2005
Track 3, UBO

CORE COMPETENCIES

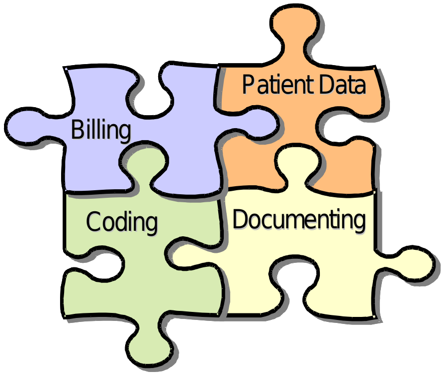
Objectives


Patient Data
Billing
Coding
Documenting

- Assess your training needs
- Locate some useful web sites that contain helpful information
- Improve the overall knowledge of your staff

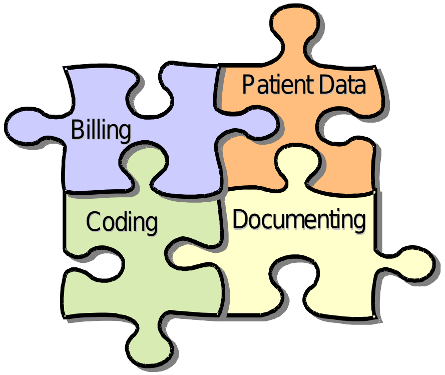
CORE COMPETENCIES

Assessing your Training Needs


Patient Data
Billing
Coding
Documenting

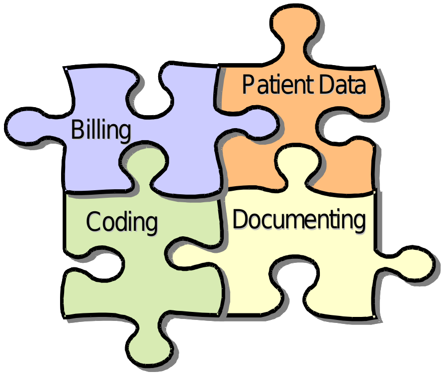
- Various Methods for assessing your training needs
  - Denials Letters
  - Employee’s Self-Assessment
  - Review of Claims

Useful Web Sites that Contain Helpful Information


Patient Data
Billing
Coding
Documenting

- Your insurance carriers
- http://tricare.osd.mil/rm/ubo_home.cfm
- Medicare Intermediaries Web page
  - http://trailblazerhealth.com/parta/education.asp

Useful Web Sites that Contain Helpful Information



E-News a service of DecisionHealth™
Anesthesia & Pain Management
Tools to Code & Bill Services Correctly

In this issue:

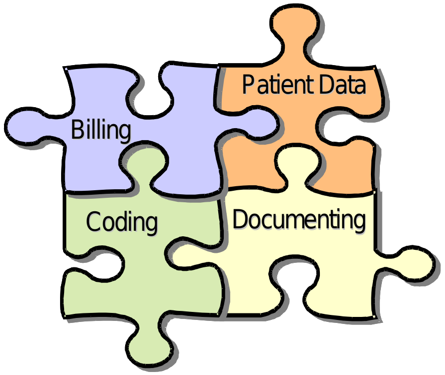
April 27, 2005

- **Incident-to billing: Make sure physician sets the plan, supervises care**
- **When not to bill a new patient visit**
- **Pain Management Q&A**

Source: Anesthesia & Pain Management E-News

CORE COMPETENCIES

Useful Web Sites that Contain Helpful Information



Physician Billing & Reimbursement E-News

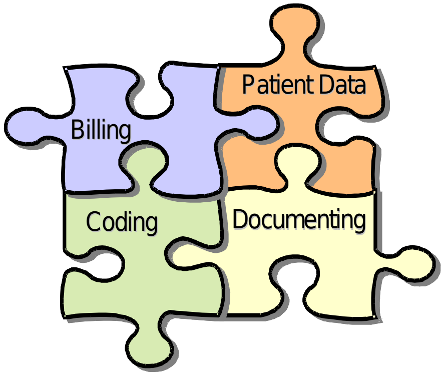
- **3. Bill for hemorrhoidectomy code 46221 once per session**
- You should use hemorrhoidectomy code 46221 only once per session, regardless of the number of hemorrhoids removed, billing experts and a Medicare carrier, AdministarFederal, say.
- CPT coding rules make it clear that the procedure can be billed only once for the visit, not once per hemorrhoid, noted Jo Ann Steigerwald, senior consultant, Medical Business Specialists, Baraboo, Wis. The code is used for hemorrhoidectomy by simple ligature (such as with a rubber band).
- Administar, the Part B carrier for Kentucky and Indiana, recently warned practices in its territory that their billing records showed that some practices were using 46221 incorrectly.

  The procedure is billed primarily by general and colorectal surgeons, with some use by gastroenterologists, internists and family practitioners.

Source: Physician Billing & Reimbursement E-News dated 26 Apr 05

CORE COMPETENCIES

Useful Web Sites that Contain Helpful Information



APC Reimbursement E-NEWS
Tools to Bill and Code Under Medicare's Outpatient PPS
a service of DecisionHealth™

Billing Question of the Week

Q: Will I receive payment for percutaneous image-guided breast biopsies?

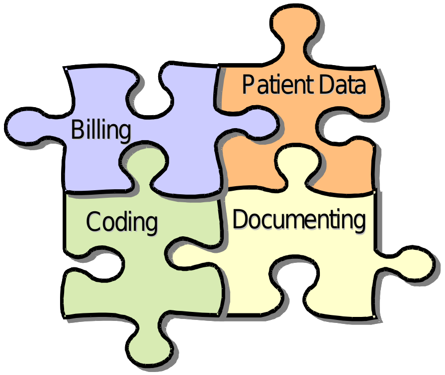
A: Yes. CMS will now reimburse you for percutaneous image-guided breast biopsies, using either stereotactic or ultrasound imaging, for **both nonpalpable and palpable breast lesions.**

Bill either codes **19102** (percutaneous needle core, using imaging guidance, Bx breast percut w/image, APC 0005, $213.07, national) or **19103** (percutaneous automated vacuum assisted or rotating biopsy device, using imaging guidance, APC 0658, $380.78).

You may also be able to bill **10022** (fine needle aspiration; with imaging guidance, APC 0036, $127.51), but beware: You'll hit a CCI edit if you bill 10022 with either 19102 or 19103. Be sure to append modifier -59 (distinct procedural service), if appropriate.

Source: APC Reimbursement E-News dated 26 Apr 05

Useful Web Sites that Contain Helpful Information



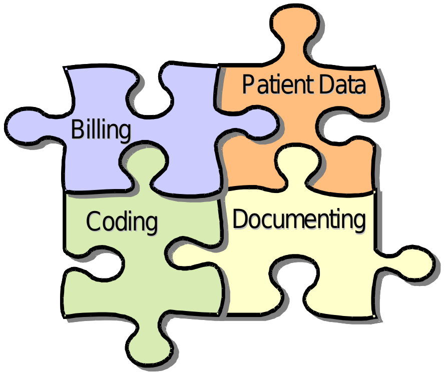
- Excerpt of Aetna's Policy on Injections for Treatment of Back Pain

  Aetna considers *any* of the following injections or procedures medically necessary for the treatment of back pain; provided, however, that *only one* invasive modality or procedure will be considered medically necessary at a time.

  Facet joint injections are considered medically necessary in the management of chronic back or neck pain (pain lasting more than 3 months despite appropriate conservative treatment) when used *either*:
    - As a diagnostic trial to determine the origin of the member's pain, to establish the effectiveness of the facet injections in relieving the member's pain, and to achieve a therapeutic effect; or
    - As a therapeutic injection to facilitate a comprehensive pain management program (not as an isolated treatment), including physical therapy, patient education, psychosocial support, and oral medication where appropriate.

Source: Aetna’s Clinical Policy Bulletins #0016

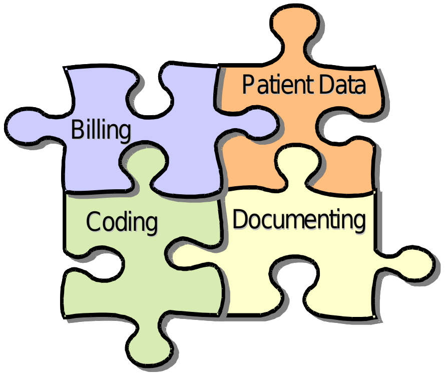
Increasing the Knowledge of your Staff

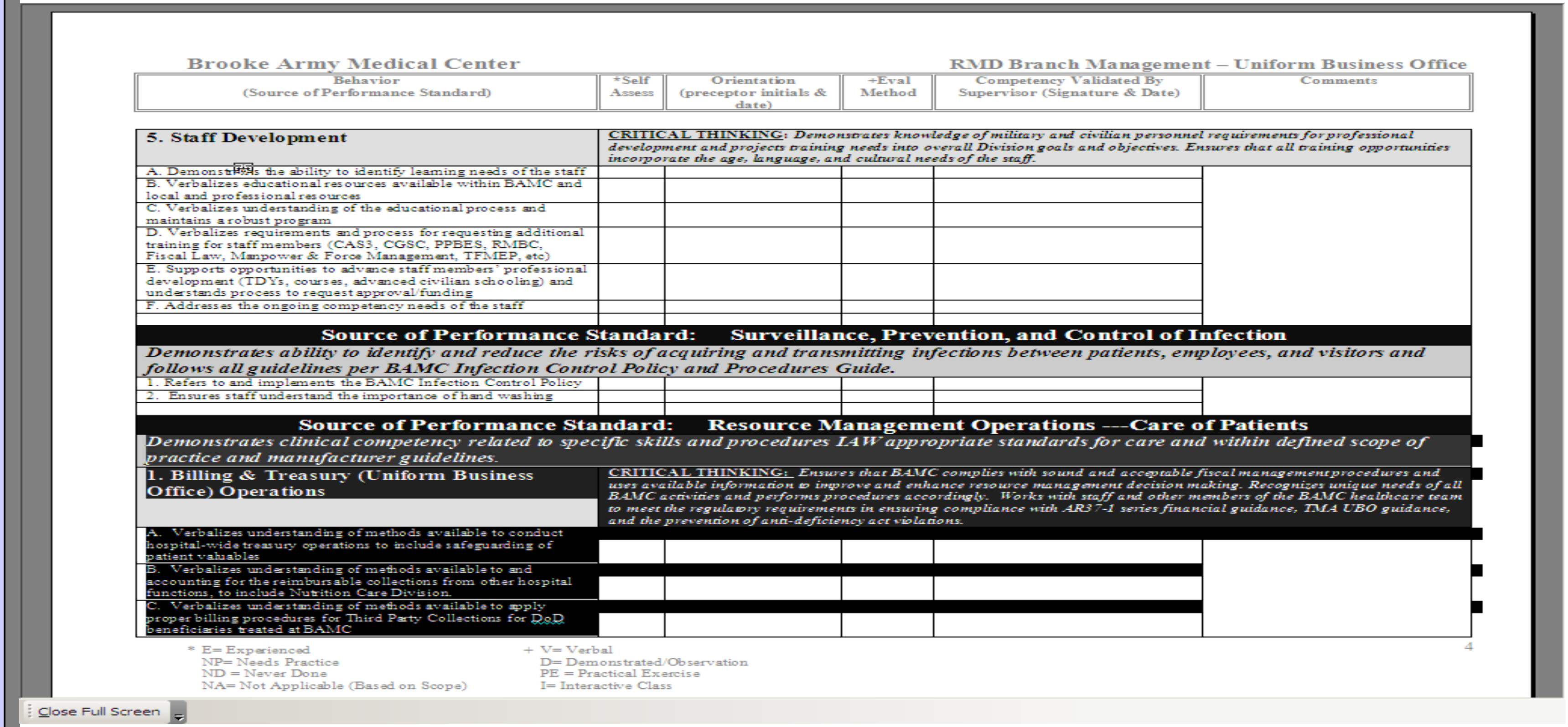


- Conduct a Self-Assessment of Each Member of Your Staff
  - Honest answers to their assessment
  - Have them show proficiency on their tasking
- Utilize the Information on the Self-Assessment to Determine Your Training Needs
  - Do you need to send them for training?
  - Can training be accomplished with in-house resources?

CORE COMPETENCIES

Increasing the Knowledge of your Staff





Brooke Army Medical Center

RMD Branch Management – Uniform Business Office

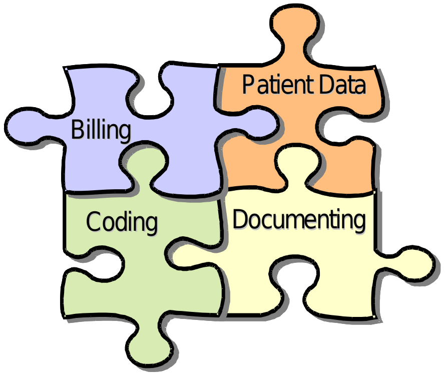
Behavior (Source of Performance Standard)	*Self Assess	Orientation (preceptor initials & date)	+Eval Method	Competency Validated By Supervisor (Signature & Date)	Comments
5. Staff Development	CRITICAL THINKING: *Demonstrates knowledge of military and civilian personnel requirements for professional development and projects training needs into overall Division goals and objectives. Ensures that all training opportunities incorporate the age, language, and cultural needs of the staff.*				
A. Demonstrates the ability to identify learning needs of the staff					
B. Verbalizes educational resources available within BAMC and local and professional resources					
C. Verbalizes understanding of the educational process and maintains a robust program					
D. Verbalizes requirements and process for requesting additional training for staff members (CAS3, CGSC, PPBES, RMBC, Fiscal Law, Manpower & Force Management, TFMEP, etc)					
E. Supports opportunities to advance staff members' professional development (TDYs, courses, advanced civilian schooling) and understands process to request approval/funding					
F. Addresses the ongoing competency needs of the staff					
Source of Performance Standard: Surveillance, Prevention, and Control of Infection					
Demonstrates ability to identify and reduce the risks of acquiring and transmitting infections between patients, employees, and visitors and follows all guidelines per BAMC Infection Control Policy and Procedures Guide.					
1. Refers to and implements the BAMC Infection Control Policy					
2. Ensures staff understand the importance of hand washing					
Source of Performance Standard: Resource Management Operations ---Care of Patients					
Demonstrates clinical competency related to specific skills and procedures IAW appropriate standards for care and within defined scope of practice and manufacturer guidelines.					
1. Billing & Treasury (Uniform Business Office) Operations	CRITICAL THINKING: *Ensures that BAMC complies with sound and acceptable fiscal management procedures and uses available information to improve and enhance resource management decision making. Recognizes unique needs of all BAMC activities and performs procedures accordingly. Works with staff and other members of the BAMC healthcare team to meet the regulatory requirements in ensuring compliance with AR37-1 series financial guidance, TMA UBO guidance, and the prevention of anti-deficiency act violations.*				
A. Verbalizes understanding of methods available to conduct hospital-wide treasury operations to include safeguarding of patient valuables					
B. Verbalizes understanding of methods available to and accounting for the reimbursable collections from other hospital functions, to include Nutrition Care Division.					
C. Verbalizes understanding of methods available to apply proper billing procedures for Third Party Collections for DoD beneficiaries treated at BAMC					

* E= Experienced
NP= Needs Practice
ND = Never Done
NA= Not Applicable (Based on Scope)

+ V= Verbal
D= Demonstrated/Observation
PE = Practical Exercise
I= Interactive Class

4

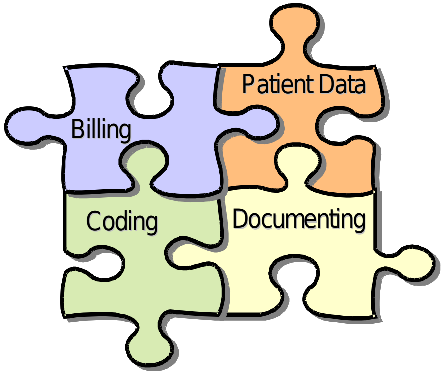
Increasing the Knowledge of your Staff


Billing
Patient Data
Coding
Documenting

- Include Training as Part of Your Staff Meetings
  - Select a member of your staff to present the training.
- Continue to Assess Your Training Needs

CORE COMPETENCIES

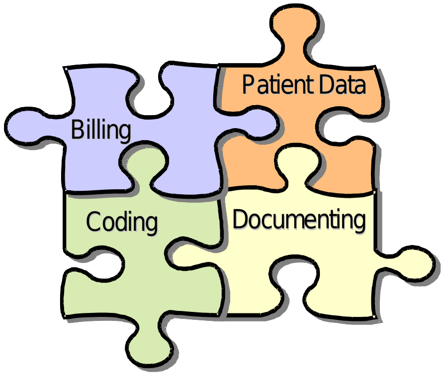
Summary


Patient Data
Billing
Coding
Documenting

- Assess your training needs
  - Use your denial letters
- Locate some useful web sites that contain helpful information
  - Insurance Carrier’s Web Page
- Improve the overall knowledge of your staff
  - Conduct Employee Self-Assessments

CORE COMPETENCIES

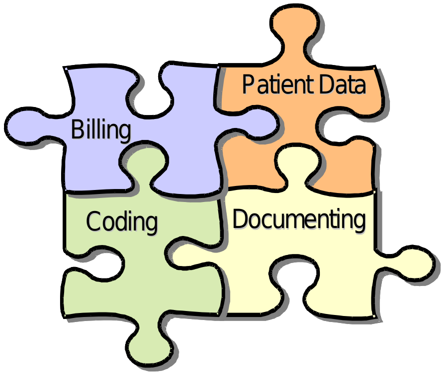
Tips to Aid in Establishing your UBO Training Program


Patient Data
Billing
Coding
Documenting

- Questions?

CORE

COMPETENCIES

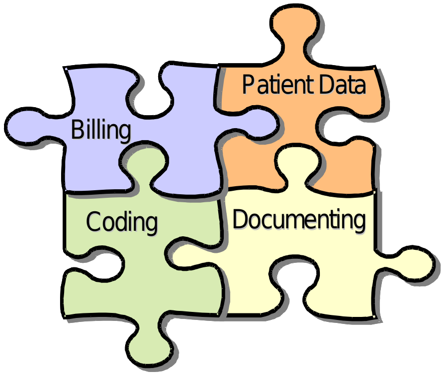

Patient Data
Billing
Coding
Documenting

MSA Tools to Make Your Job Easier

Clenton E. Ballard
18 May 2005
Track 3, UBO

CORE COMPETENCIES

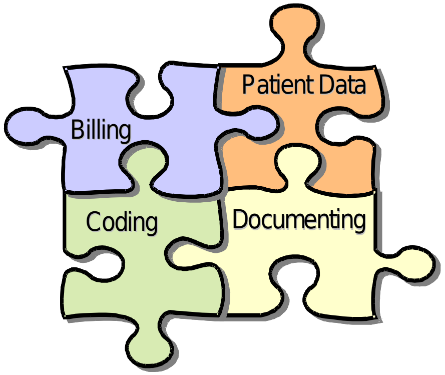
Objectives

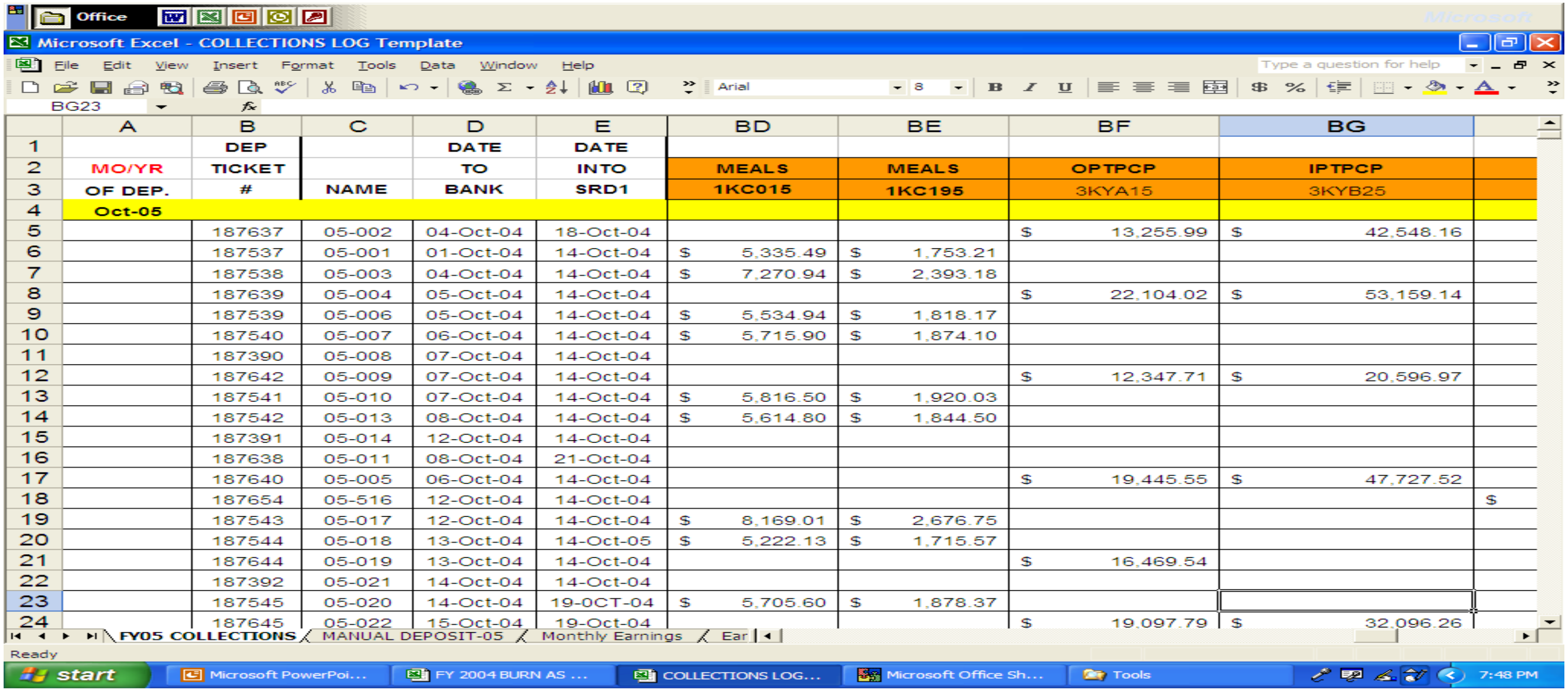

Patient Data
Billing
Coding
Documenting

- Tool to Track Your Daily Deposits
- Tool to Identify Outpatient Visits for MSA Appointments and TPC Patients with OHI
- Tool to Extract the 1860R/Monthly Medical Activity Report Data
- Transfer Data from CHCS to Excel Spreadsheet

CORE COMPETENCIES

Tool to Track Daily Deposits


Patient Data
Billing
Coding
Documenting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MANUAL DEPOSIT-05
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COLLECTIONS LOG...
Microsoft Office Sh...
Tools
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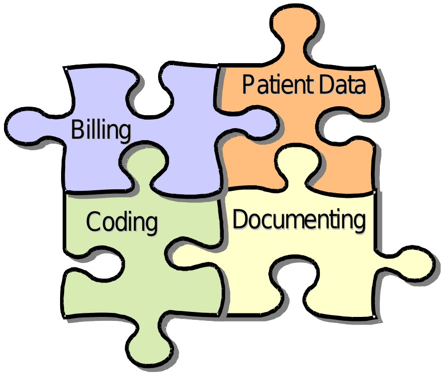
Microsoft Excel - COLLECTIONS LOG Template

	A	B	C	D	E	BD	BE	BF	BG	
1		DEP		DATE	DATE					
2	MO/YR	TICKET		TO	INTO	MEALS	MEALS	OPTPCP	IPTPCP	
3	OF DEP.	#	NAME	BANK	SRD1	1KC015	1KC195	3KYA15	3KYB25	
4	Oct-05									
5		187637	05-002	04-Oct-04	18-Oct-04			$ 13,255.99	$ 42,548.16	
6		187537	05-001	01-Oct-04	14-Oct-04	$ 5,335.49	$ 1,753.21			
7		187538	05-003	04-Oct-04	14-Oct-04	$ 7,270.94	$ 2,393.18			
8		187639	05-004	05-Oct-04	14-Oct-04			$ 22,104.02	$ 53,159.14	
9		187539	05-006	05-Oct-04	14-Oct-04	$ 5,534.94	$ 1,818.17			
10		187540	05-007	06-Oct-04	14-Oct-04	$ 5,715.90	$ 1,874.10			
11		187390	05-008	07-Oct-04	14-Oct-04					
12		187642	05-009	07-Oct-04	14-Oct-04			$ 12,347.71	$ 20,596.97	
13		187541	05-010	07-Oct-04	14-Oct-04	$ 5,816.50	$ 1,920.03			
14		187542	05-013	08-Oct-04	14-Oct-04	$ 5,614.80	$ 1,844.50			
15		187391	05-014	12-Oct-04	14-Oct-04					
16		187638	05-011	08-Oct-04	21-Oct-04					
17		187640	05-005	06-Oct-04	14-Oct-04			$ 19,445.55	$ 47,727.52	
18		187654	05-516	12-Oct-04	14-Oct-04					$
19		187543	05-017	12-Oct-04	14-Oct-04	$ 8,169.01	$ 2,676.75			
20		187544	05-018	13-Oct-04	14-Oct-05	$ 5,222.13	$ 1,715.57			
21		187644	05-019	13-Oct-04	14-Oct-04			$ 16,469.54		
22		187392	05-021	14-Oct-04	14-Oct-04					
23		187545	05-020	14-Oct-04	19-0CT-04	$ 5,705.60	$ 1,878.37			
24		187645	05-022	15-Oct-04	19-Oct-04			$ 19,097.79	$ 32,096.26	

Tool to Identify Outpatient Visits for MSA/TPC Appointments



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                                USER: BALLARD,CLENTON
                                   REPORT DATE:  -
PATIENT            CAT    FMP/SSN           CLINIC                   PROVIDER          INS CODE
=============================================
    =======================
        MEPRS CODE: BBDA
RUTH,BABE          A48  20/500-11-2222  OPHTHALMOLOGY    HOLMES,WENDALL     01090403
PEEP,LITTLE B      F31  20/444-11-1111  OPHTHALMOLOGY,   LINCOLN,ABRAHAM    BCBTX0005
FLEMING,JANE       A43  30/555-11-3333  OPHTH CORNEA,B   JOHNSON,LYNDON     01090002
FIFTH,HENRY T      A31  20/333-11-4444  OPHTHALMOLOGY,  CLINTON,WILLIAM     01090002
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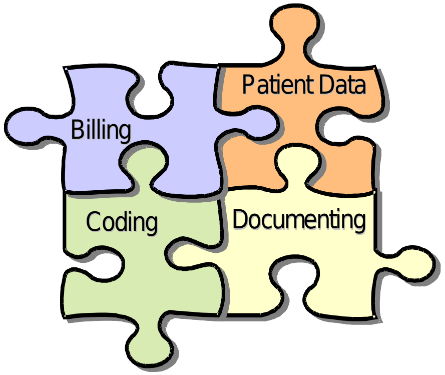
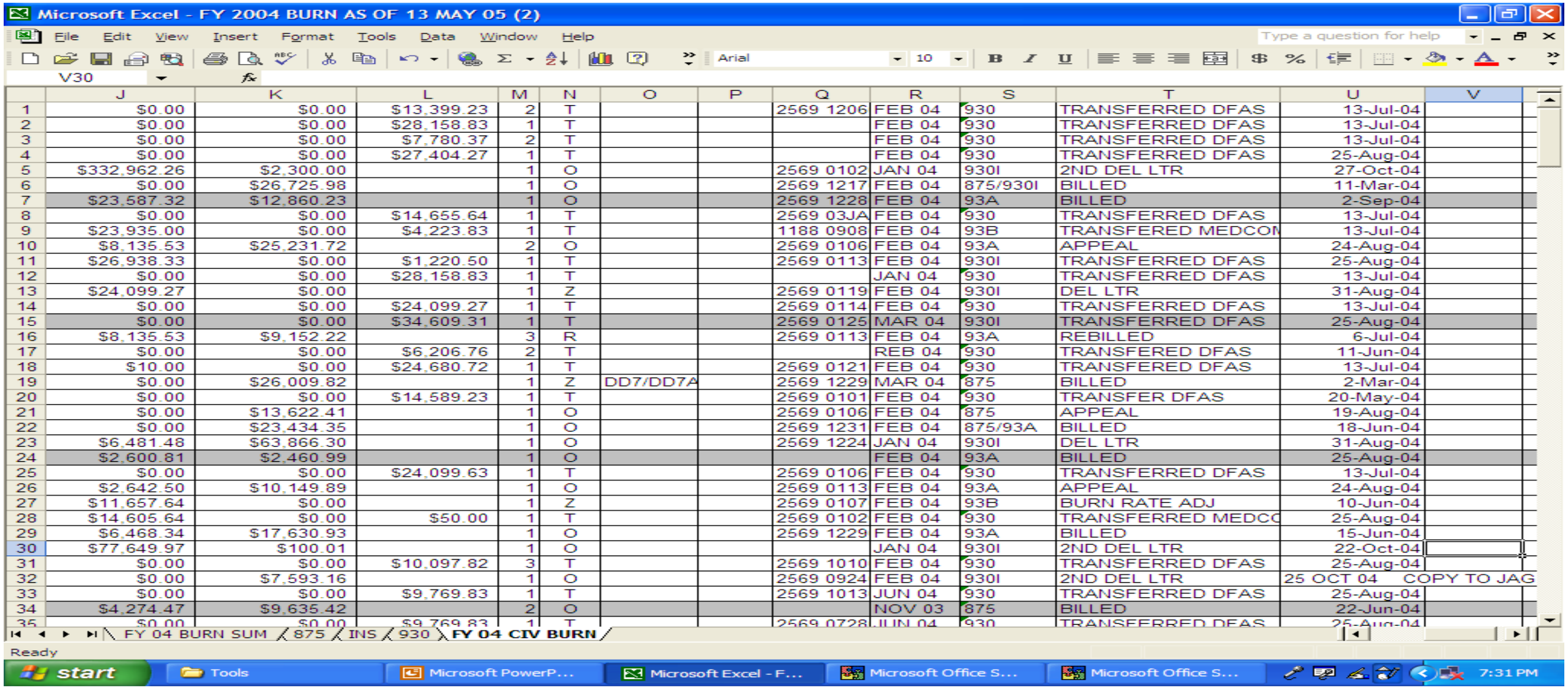
CORE COMPETENCIES

Tool to Extra 1860 Data


Patient Data
Billing
Coding
Documenting


Microsoft Excel - FY 2004 BURN AS OF 13 MAY 05 (2)
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Microsoft PowerP...
Microsoft Excel - F...
Microsoft Office S...
Microsoft Office S...
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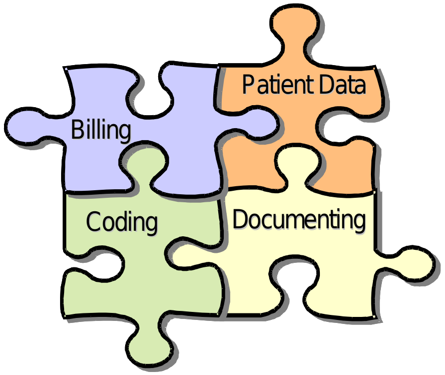
	J	K	L	M	N	O	P	Q	R	S	T	U	V
1	$0.00	$0.00	$13,399.23	2	T			2569 1206	FEB 04	930	TRANSFERRED DFAS	13-Jul-04	
2	$0.00	$0.00	$28,158.83	1	T				FEB 04	930	TRANSFERRED DFAS	13-Jul-04	
3	$0.00	$0.00	$7,780.37	2	T				FEB 04	930	TRANSFERRED DFAS	13-Jul-04	
4	$0.00	$0.00	$27,404.27	1	T				FEB 04	930	TRANSFERRED DFAS	25-Aug-04	
5	$332,962.26	$2,300.00		1	O			2569 0102	JAN 04	930I	2ND DEL LTR	27-Oct-04	
6	$0.00	$26,725.98		1	O			2569 1217	FEB 04	875/930I	BILLED	11-Mar-04	
7	$23,587.32	$12,860.23		1	O			2569 1228	FEB 04	93A	BILLED	2-Sep-04	
8	$0.00	$0.00	$14,655.64	1	T			2569 03JA	FEB 04	930	TRANSFERRED DFAS	13-Jul-04	
9	$23,935.00	$0.00	$4,223.83	1	T			1188 0908	FEB 04	93B	TRANSFERED MEDCOM	13-Jul-04	
10	$8,135.53	$25,231.72		2	O			2569 0106	FEB 04	93A	APPEAL	24-Aug-04	
11	$26,938.33	$0.00	$1,220.50	1	T			2569 0113	FEB 04	930I	TRANSFERRED DFAS	25-Aug-04	
12	$0.00	$0.00	$28,158.83	1	T				JAN 04	930	TRANSFERRED DFAS	13-Jul-04	
13	$24,099.27	$0.00		1	Z			2569 0119	FEB 04	930I	DEL LTR	31-Aug-04	
14	$0.00	$0.00	$24,099.27	1	T			2569 0114	FEB 04	930	TRANSFERRED DFAS	13-Jul-04	
15	$0.00	$0.00	$34,609.31	1	T			2569 0125	MAR 04	930I	TRANSFERRED DFAS	25-Aug-04	
16	$8,135.53	$9,152.22		3	R			2569 0113	FEB 04	93A	REBILLED	6-Jul-04	
17	$0.00	$0.00	$6,206.76	2	T				REB 04	930	TRANSFERED DFAS	11-Jun-04	
18	$10.00	$0.00	$24,680.72	1	T			2569 0121	FEB 04	930	TRANSFERED DFAS	13-Jul-04	
19	$0.00	$26,009.82		1	Z	DD7/DD7A		2569 1229	MAR 04	875	BILLED	2-Mar-04	
20	$0.00	$0.00	$14,589.23	1	T			2569 0101	FEB 04	930	TRANSFER DFAS	20-May-04	
21	$0.00	$13,622.41		1	O			2569 0106	FEB 04	875	APPEAL	19-Aug-04	
22	$0.00	$23,434.35		1	O			2569 1231	FEB 04	875/93A	BILLED	18-Jun-04	
23	$6,481.48	$63,866.30		1	O			2569 1224	JAN 04	930I	DEL LTR	31-Aug-04	
24	$2,600.81	$2,460.99		1	O				FEB 04	93A	BILLED	25-Aug-04	
25	$0.00	$0.00	$24,099.63	1	T			2569 0106	FEB 04	930	TRANSFERRED DFAS	13-Jul-04	
26	$2,642.50	$10,149.89		1	O			2569 0113	FEB 04	93A	APPEAL	24-Aug-04	
27	$11,657.64	$0.00		1	Z			2569 0107	FEB 04	93B	BURN RATE ADJ	10-Jun-04	
28	$14,605.64	$0.00	$50.00	1	T			2569 0102	FEB 04	930	TRANSFERRED MEDCC	25-Aug-04	
29	$6,468.34	$17,630.93		1	O			2569 1229	FEB 04	93A	BILLED	15-Jun-04	
30	$77,649.97	$100.01		1	O				JAN 04	930I	2ND DEL LTR	22-Oct-04	
31	$0.00	$0.00	$10,097.82	3	T			2569 1010	FEB 04	930	TRANSFERRED DFAS	25-Aug-04	
32	$0.00	$7,593.16		1	O			2569 0924	FEB 04	930I	2ND DEL LTR	25 OCT 04	COPY TO JAG
33	$0.00	$0.00	$9,769.83	1	T			2569 1013	JUN 04	930	TRANSFERRED DFAS	25-Aug-04	
34	$4,274.47	$9,635.42		2	O				NOV 03	875	BILLED	22-Jun-04	
35	$0.00	$0.00	$9,769.83	1	T			2569 0728	JUN 04	930	TRANSFERRED DFAS	25-Aug-04	

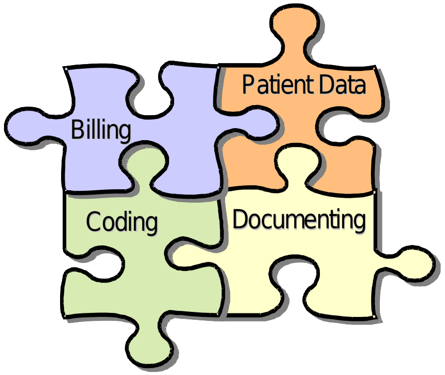
CORE COMPETENCIES

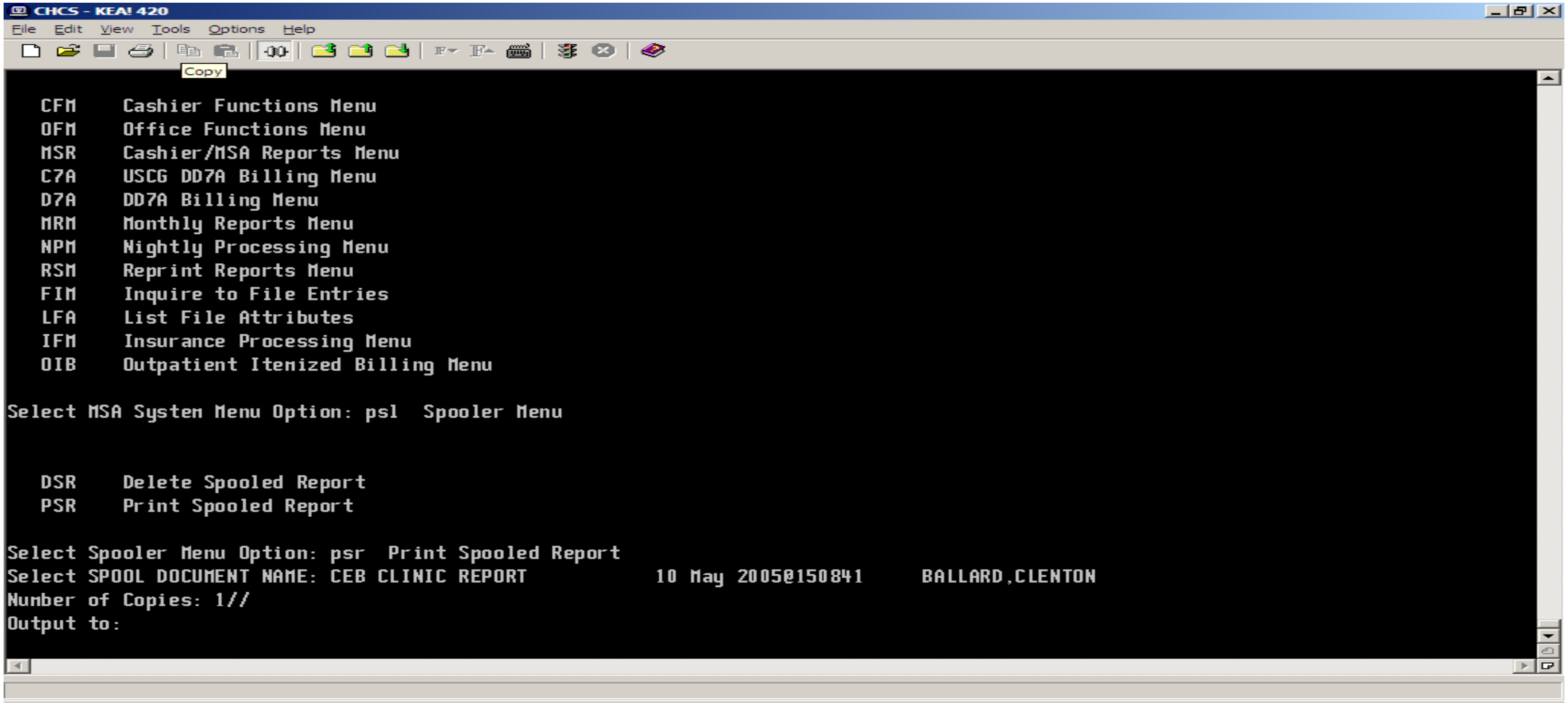
Transfer Data From CHCS to Excel


Patient Data
Billing
Coding
Documenting

- Run your report in CHCS using the provided adhoc
- Save your report as a spooled document
- Allow your report to run to completion

Transfer Data From CHCS to Excel


Patient Data
Billing
Coding
Documenting


CHCS - KEA! 420
File Edit View Tools Options Help
Copy

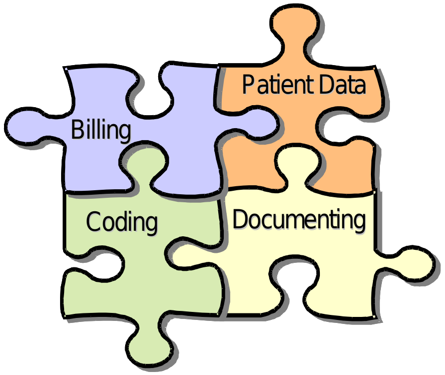
```
   CFM     Cashier Functions Menu
   OFM     Office Functions Menu
   MSR     Cashier/MSA Reports Menu
   C7A     USCG DD7A Billing Menu
   D7A     DD7A Billing Menu
   MRM     Monthly Reports Menu
   NPM     Nightly Processing Menu
   RSM     Reprint Reports Menu
   FIM     Inquire to File Entries
   LFA     List File Attributes
   IFM     Insurance Processing Menu
   OIB     Outpatient Itemized Billing Menu

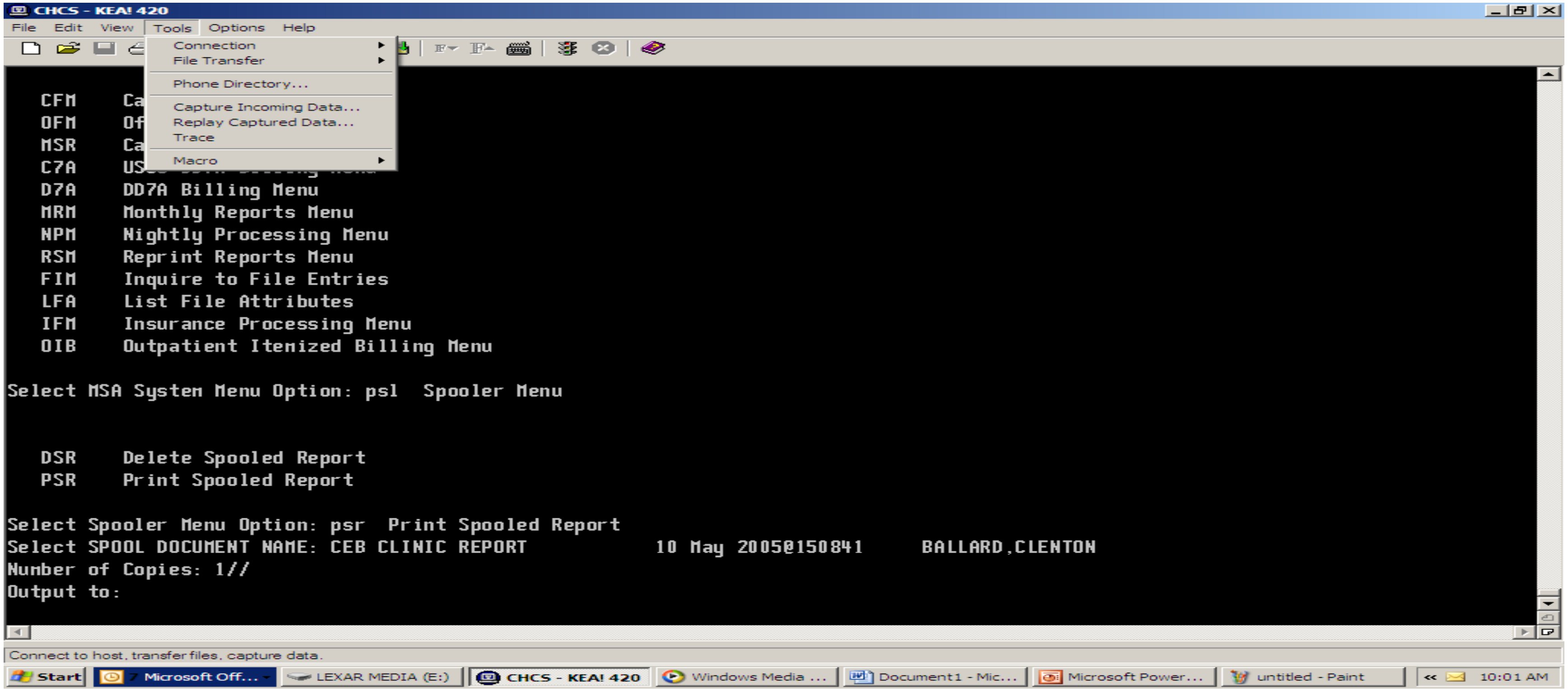
Select MSA System Menu Option: psl  Spooler Menu


   DSR     Delete Spooled Report
   PSR     Print Spooled Report

Select Spooler Menu Option: psr  Print Spooled Report
Select SPOOL DOCUMENT NAME: CEB CLINIC REPORT          10 May 2005@150841     BALLARD,CLENTON
Number of Copies: 1//
Output to:
```

Transfer Data From CHCS to Excel


Patient Data
Billing
Coding
Documenting


CHCS - KEA! 420
File
Edit
View
Tools
Options
Help
Connection
File Transfer
Phone Directory...
Capture Incoming Data...
Replay Captured Data...
Trace
Macro
Connect to host, transfer files, capture data.
Start
Microsoft Off...
LEXAR MEDIA (E:)
CHCS - KEA! 420
Windows Media ...
Document1 - Mic...
Microsoft Power...
untitled - Paint
10:01 AM

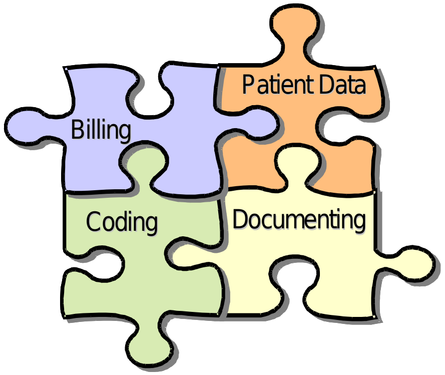
```
   CFM     Ca
   OFM     Of
   MSR     Ca
   C7A     US
   D7A     DD7A Billing Menu
   MRM     Monthly Reports Menu
   NPM     Nightly Processing Menu
   RSM     Reprint Reports Menu
   FIM     Inquire to File Entries
   LFA     List File Attributes
   IFM     Insurance Processing Menu
   OIB     Outpatient Itemized Billing Menu

Select MSA System Menu Option: psl  Spooler Menu

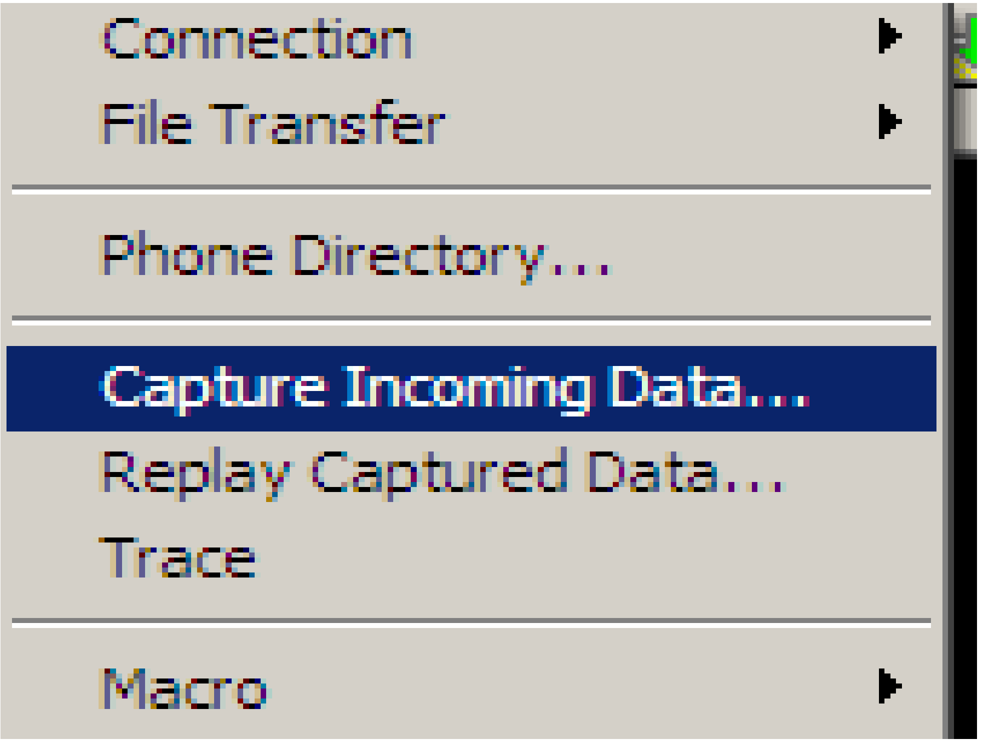

   DSR     Delete Spooled Report
   PSR     Print Spooled Report

Select Spooler Menu Option: psr  Print Spooled Report
Select SPOOL DOCUMENT NAME: CEB CLINIC REPORT          10 May 2005@150841     BALLARD,CLENTON
Number of Copies: 1//
Output to:
```

CORE COMPETENCIES

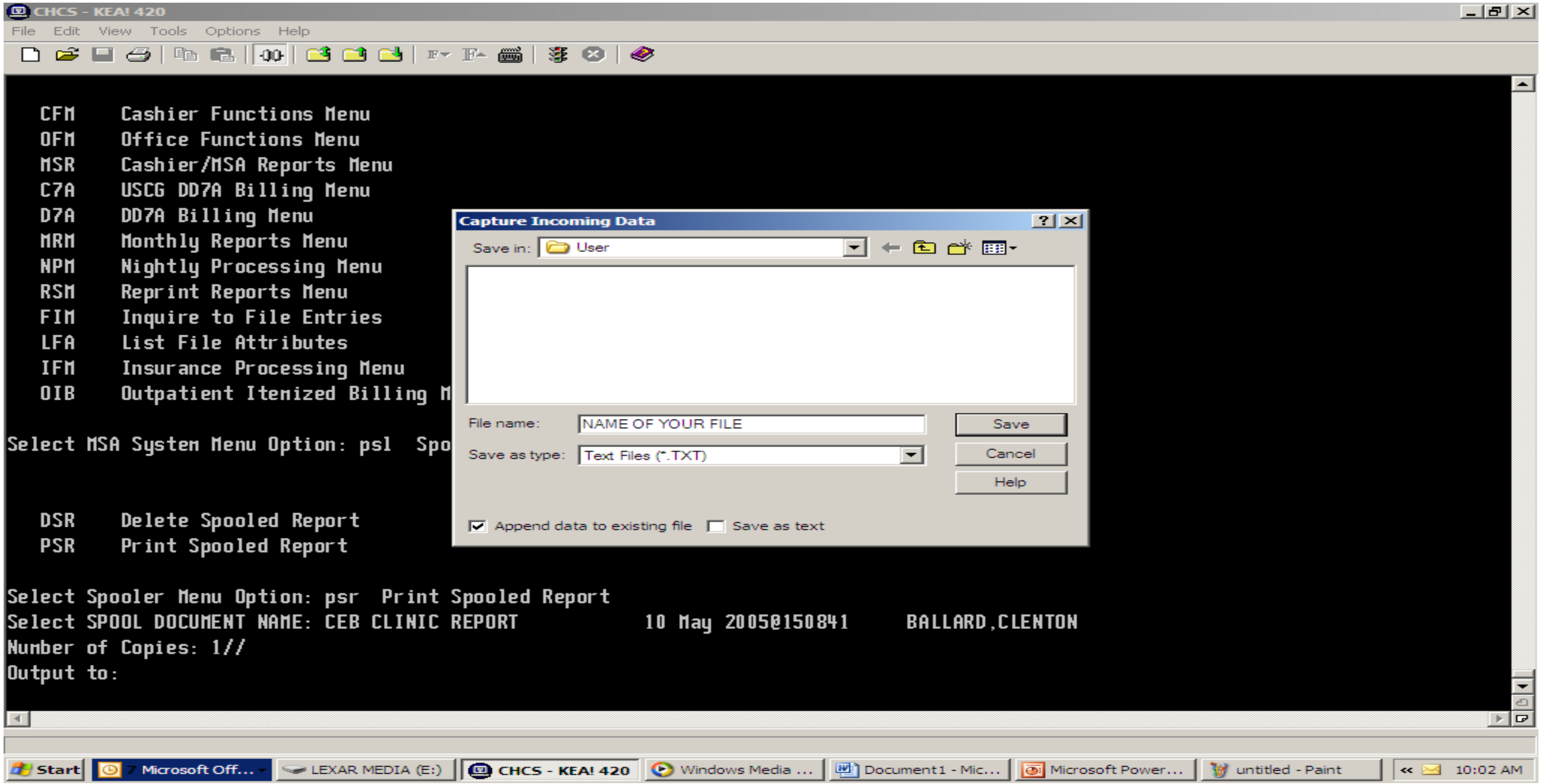

Patient Data
Billing
Coding
Documenting

Transfer Data From CHCS to Excel



Connection
File Transfer
Phone Directory...
Capture Incoming Data...
Replay Captured Data...
Trace
Macro

Transfer Data From CHCS to Excel



CHCS - KEA! 420
File Edit View Tools Options Help
Start
Microsoft Off...
LEXAR MEDIA (E:)
CHCS - KEA! 420
Windows Media ...
Document1 - Mic...
Microsoft Power...
untitled - Paint
10:02 AM

```
   CFM     Cashier Functions Menu
   OFM     Office Functions Menu
   MSR     Cashier/MSA Reports Menu
   C7A     USCG DD7A Billing Menu
   D7A     DD7A Billing Menu
   MRM     Monthly Reports Menu
   NPM     Nightly Processing Menu
   RSM     Reprint Reports Menu
   FIM     Inquire to File Entries
   LFA     List File Attributes
   IFM     Insurance Processing Menu
   OIB     Outpatient Itemized Billing M

Select MSA System Menu Option: psl   Spo


   DSR     Delete Spooled Report
   PSR     Print Spooled Report

Select Spooler Menu Option: psr  Print Spooled Report
Select SPOOL DOCUMENT NAME: CEB CLINIC REPORT          10 May 2005@150841     BALLARD,CLENTON
Number of Copies: 1//
Output to:
```

Capture Incoming Data

Save in: User

File name: NAME OF YOUR FILE

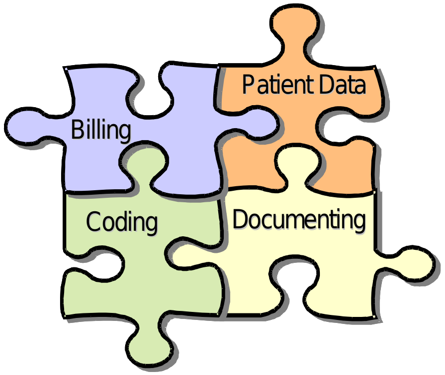
Save as type: Text Files (*.TXT)

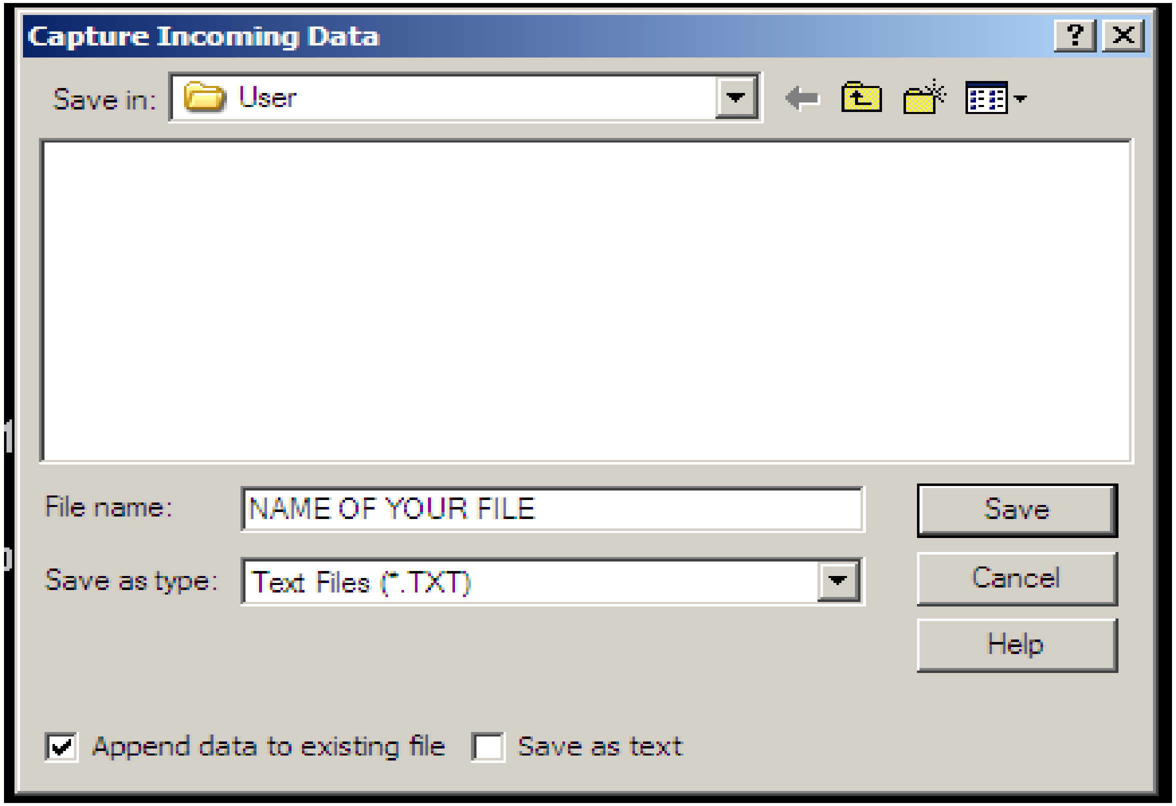
☑ Append data to existing file ☐ Save as text

Save
Cancel
Help

CORE COMPETENCIES

Transfer Data From CHCS to Excel


Patient Data
Billing
Coding
Documenting


Capture Incoming Data
Save
Cancel
Help

Save in: User

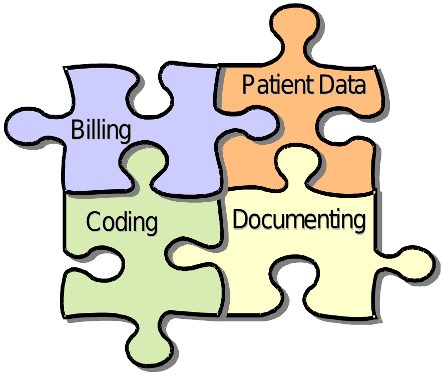
File name: NAME OF YOUR FILE

Save as type: Text Files (*.TXT)

☑ Append data to existing file ☐ Save as text

CORE COMPETENCIES

Transfer Data From CHCS to Excel



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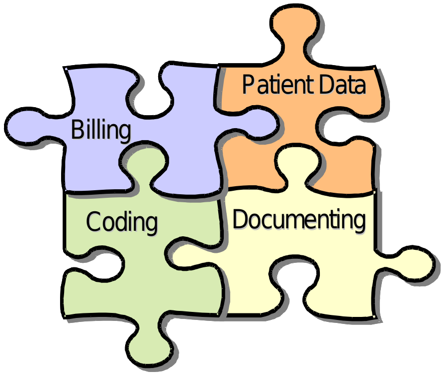
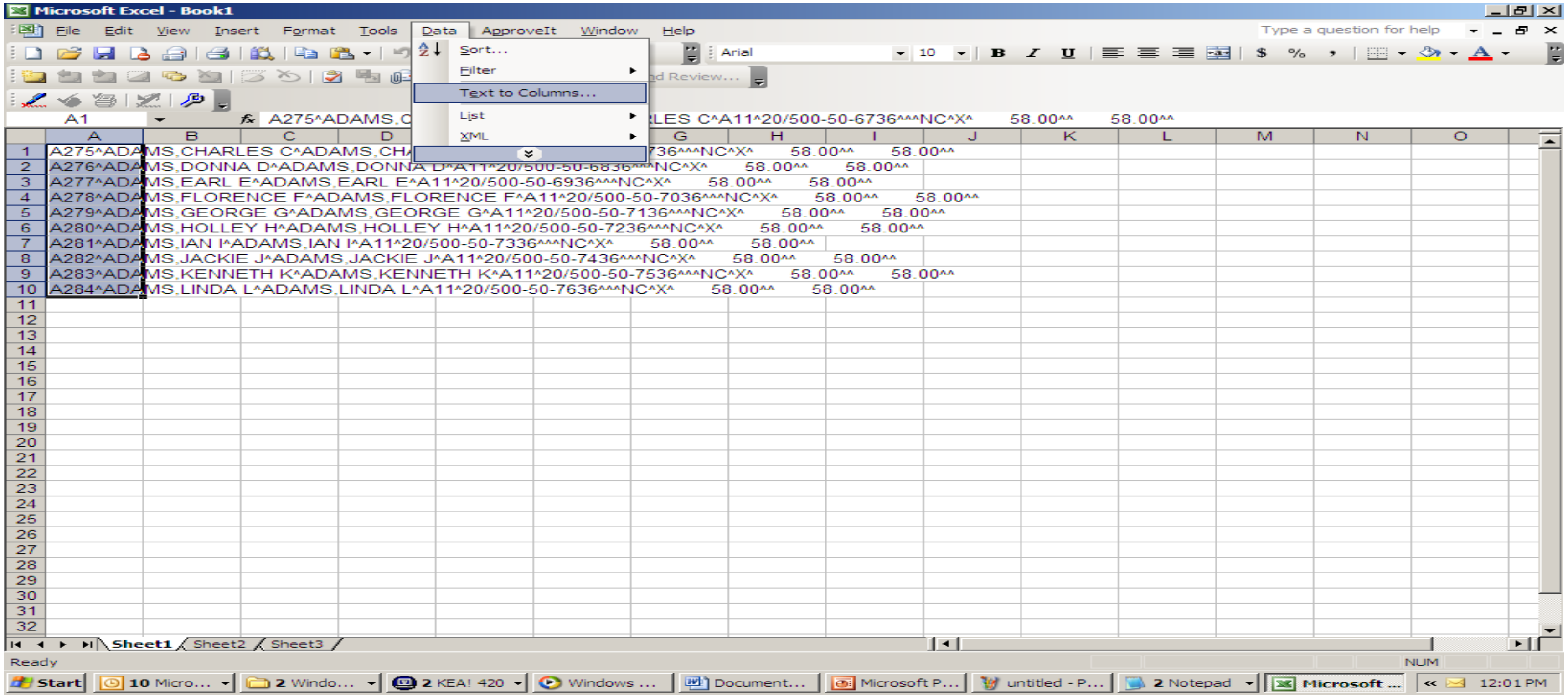
A273^ADAMS,ALLAN A^ADAMS,ALLAN A^A11^20/500-50-6536^^^NC^X^      58.00^^      58.00^^
A274^ADAMS,BARBARA B^ADAMS,BARBARA B^A11^20/500-50-6636^^^NC^X^      58.00^^      58.00^^
A275^ADAMS,CHARLES C^ADAMS,CHARLES C^A11^20/500-50-6736^^^NC^X^      58.00^^      58.00^^
A276^ADAMS,DONNA D^ADAMS,DONNA D^A11^20/500-50-6836^^^NC^X^      58.00^^      58.00^^
A277^ADAMS,EARL E^ADAMS,EARL E^A11^20/500-50-6936^^^NC^X^      58.00^^      58.00^^
A278^ADAMS,FLORENCE F^ADAMS,FLORENCE F^A11^20/500-50-7036^^^NC^X^      58.00^^      58.00^^
A279^ADAMS,GEORGE G^ADAMS,GEORGE G^A11^20/500-50-7136^^^NC^X^      58.00^^      58.00^^
A280^ADAMS,HOLLEY H^ADAMS,HOLLEY H^A11^20/500-50-7236^^^NC^X^      58.00^^      58.00^^
A281^ADAMS,IAN I^ADAMS,IAN I^A11^20/500-50-7336^^^NC^X^      58.00^^      58.00^^
A282^ADAMS,JACKIE J^ADAMS,JACKIE J^A11^20/500-50-7436^^^NC^X^      58.00^^      58.00^^
A283^ADAMS,KENNETH K^ADAMS,KENNETH K^A11^20/500-50-7536^^^NC^X^      58.00^^      58.00^^
A284^ADAMS,LINDA L^ADAMS,LINDA L^A11^20/500-50-7636^^^NC^X^      58.00^^      58.00^^
```

Transfer Data From CHCS to Excel


Patient Data
Billing
Coding
Documenting


Microsoft Excel - Book1
File
Edit
View
Insert
Format
Tools
Data
ApproveIt
Window
Help
Type a question for help
Sort...
Filter
Text to Columns...
List
XML
Arial
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A1
Sheet1
Sheet2
Sheet3
Ready
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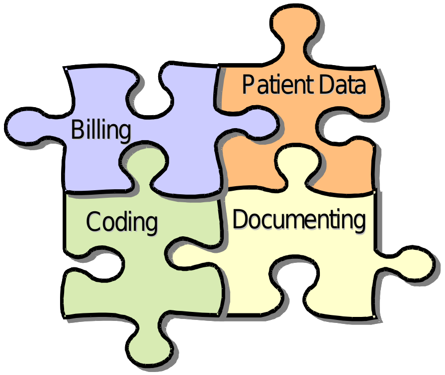
10 Micro...
2 Windo...
2 KEA! 420
Windows ...
Document...
Microsoft P...
untitled - P...
2 Notepad
Microsoft ...
12:01 PM

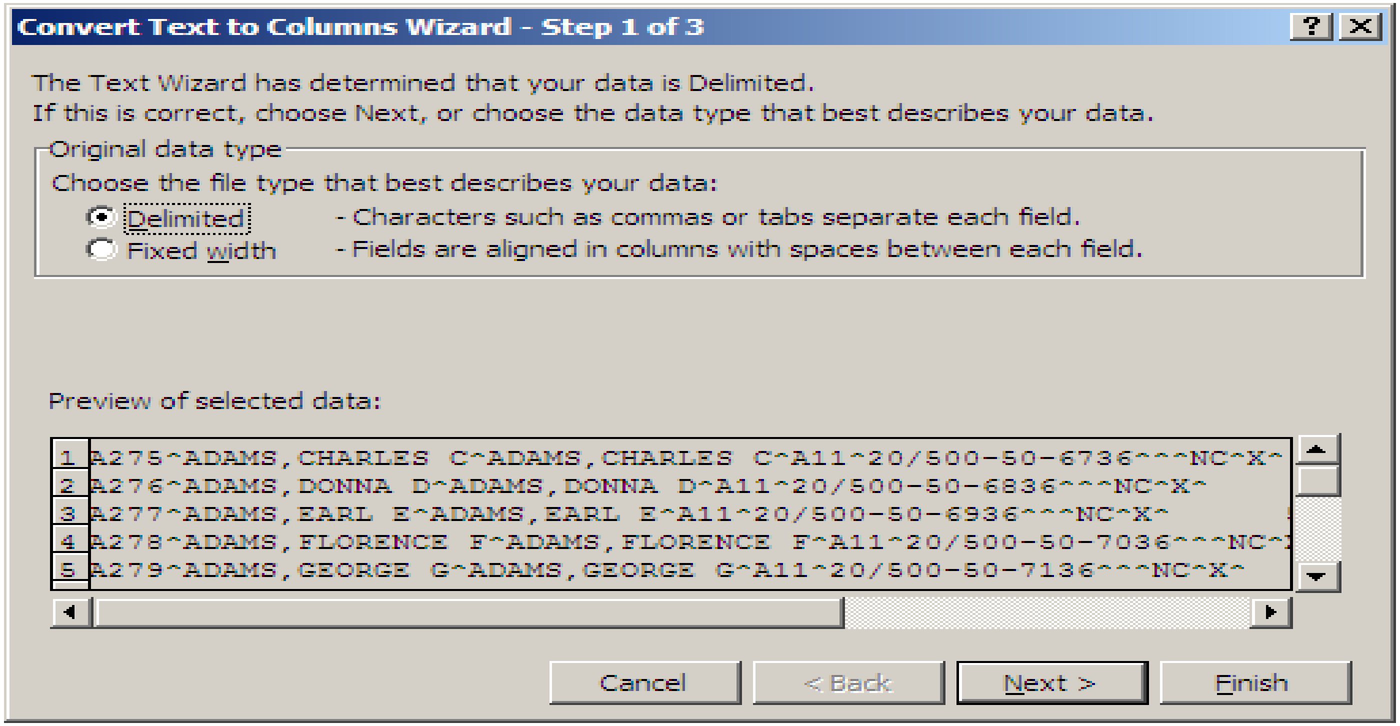
```
A275^ADAMS,C                    RLES C^A11^20/500-50-6736^^^NC^X^      58.00^^      58.00^^
```

```
1   A275^ADAMS,CHARLES C^ADAMS,CHA                    736^^^NC^X^      58.00^^      58.00^^
2   A276^ADAMS,DONNA D^ADAMS,DONNA D^A11^20/500-50-6836^^^NC^X^      58.00^^      58.00^^
3   A277^ADAMS,EARL E^ADAMS,EARL E^A11^20/500-50-6936^^^NC^X^      58.00^^      58.00^^
4   A278^ADAMS,FLORENCE F^ADAMS,FLORENCE F^A11^20/500-50-7036^^^NC^X^      58.00^^      58.00^^
5   A279^ADAMS,GEORGE G^ADAMS,GEORGE G^A11^20/500-50-7136^^^NC^X^      58.00^^      58.00^^
6   A280^ADAMS,HOLLEY H^ADAMS,HOLLEY H^A11^20/500-50-7236^^^NC^X^      58.00^^      58.00^^
7   A281^ADAMS,IAN I^ADAMS,IAN I^A11^20/500-50-7336^^^NC^X^      58.00^^      58.00^^
8   A282^ADAMS,JACKIE J^ADAMS,JACKIE J^A11^20/500-50-7436^^^NC^X^      58.00^^      58.00^^
9   A283^ADAMS,KENNETH K^ADAMS,KENNETH K^A11^20/500-50-7536^^^NC^X^      58.00^^      58.00^^
10  A284^ADAMS,LINDA L^ADAMS,LINDA L^A11^20/500-50-7636^^^NC^X^      58.00^^      58.00^^
```

CORE COMPETENCIES

Transfer Data From CHCS to Excel


Billing
Patient Data
Coding
Documenting


Convert Text to Columns Wizard - Step 1 of 3
?
✕

The Text Wizard has determined that your data is Delimited.
If this is correct, choose Next, or choose the data type that best describes your data.

Original data type
Choose the file type that best describes your data:

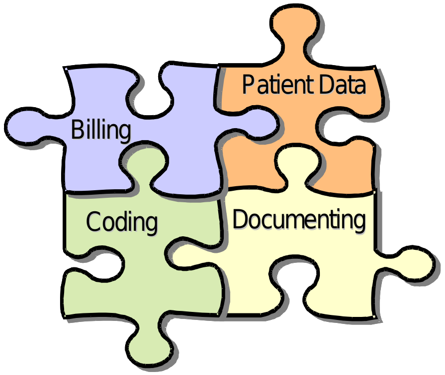
● Delimited - Characters such as commas or tabs separate each field.
○ Fixed width - Fields are aligned in columns with spaces between each field.

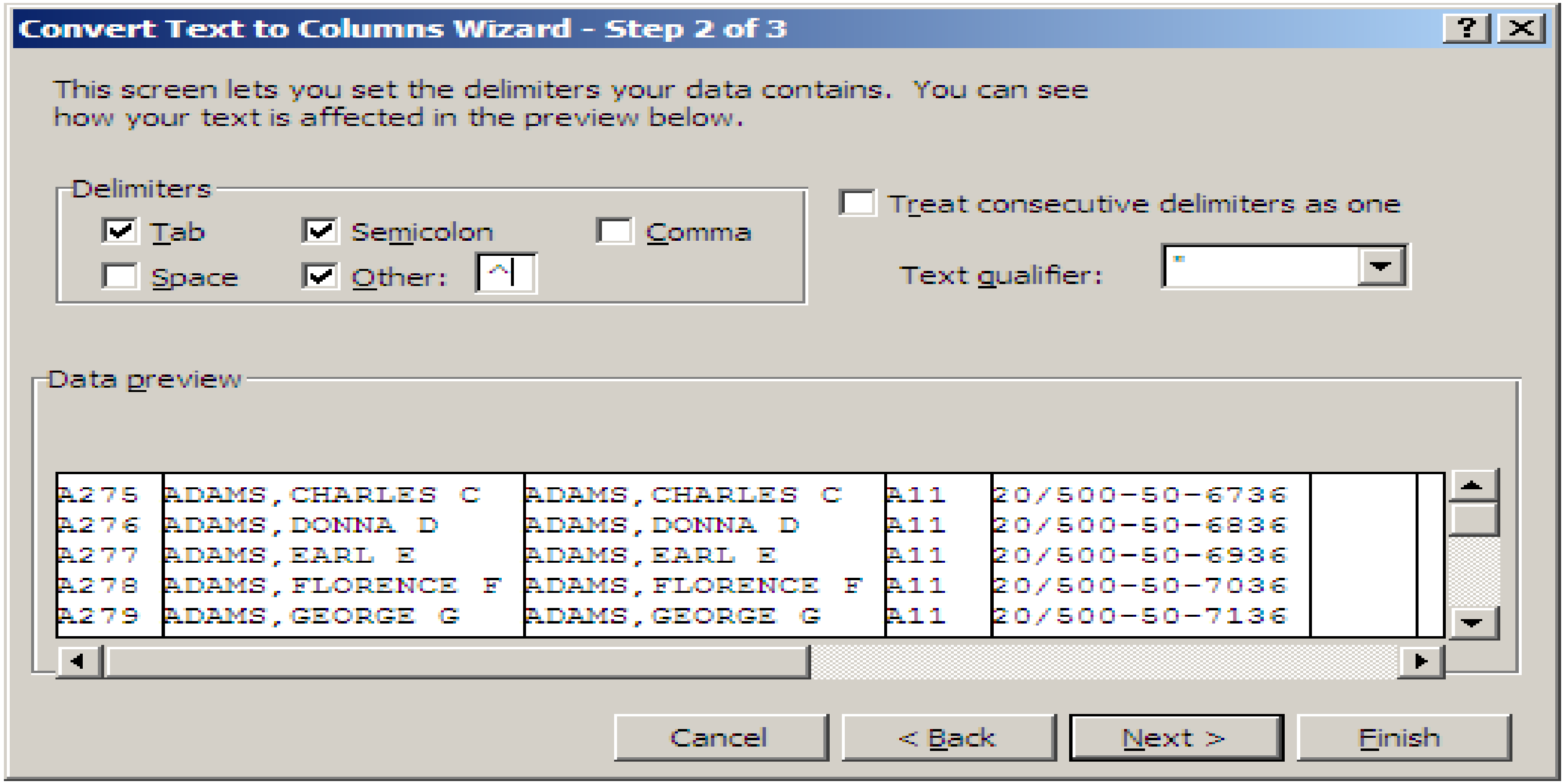
Preview of selected data:

```
1 A275^ADAMS,CHARLES C^ADAMS,CHARLES C^A11^20/500-50-6736^^^NC^X^
2 A276^ADAMS,DONNA D^ADAMS,DONNA D^A11^20/500-50-6836^^^NC^X^
3 A277^ADAMS,EARL E^ADAMS,EARL E^A11^20/500-50-6936^^^NC^X^
4 A278^ADAMS,FLORENCE F^ADAMS,FLORENCE F^A11^20/500-50-7036^^^NC^
5 A279^ADAMS,GEORGE G^ADAMS,GEORGE G^A11^20/500-50-7136^^^NC^X^
```

Cancel
< Back
Next >
Finish

Transfer Data From CHCS to Excel


Patient Data
Billing
Coding
Documenting


Convert Text to Columns Wizard - Step 2 of 3

This screen lets you set the delimiters your data contains. You can see how your text is affected in the preview below.

Delimiters

- ☑ Tab
- ☑ Semicolon
- ☐ Comma
- ☐ Space
- ☑ Other: ^

☐ Treat consecutive delimiters as one

Text qualifier: "

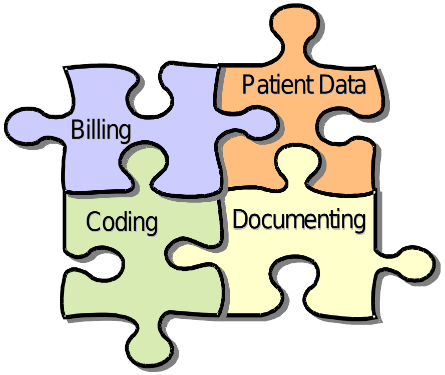
Data preview

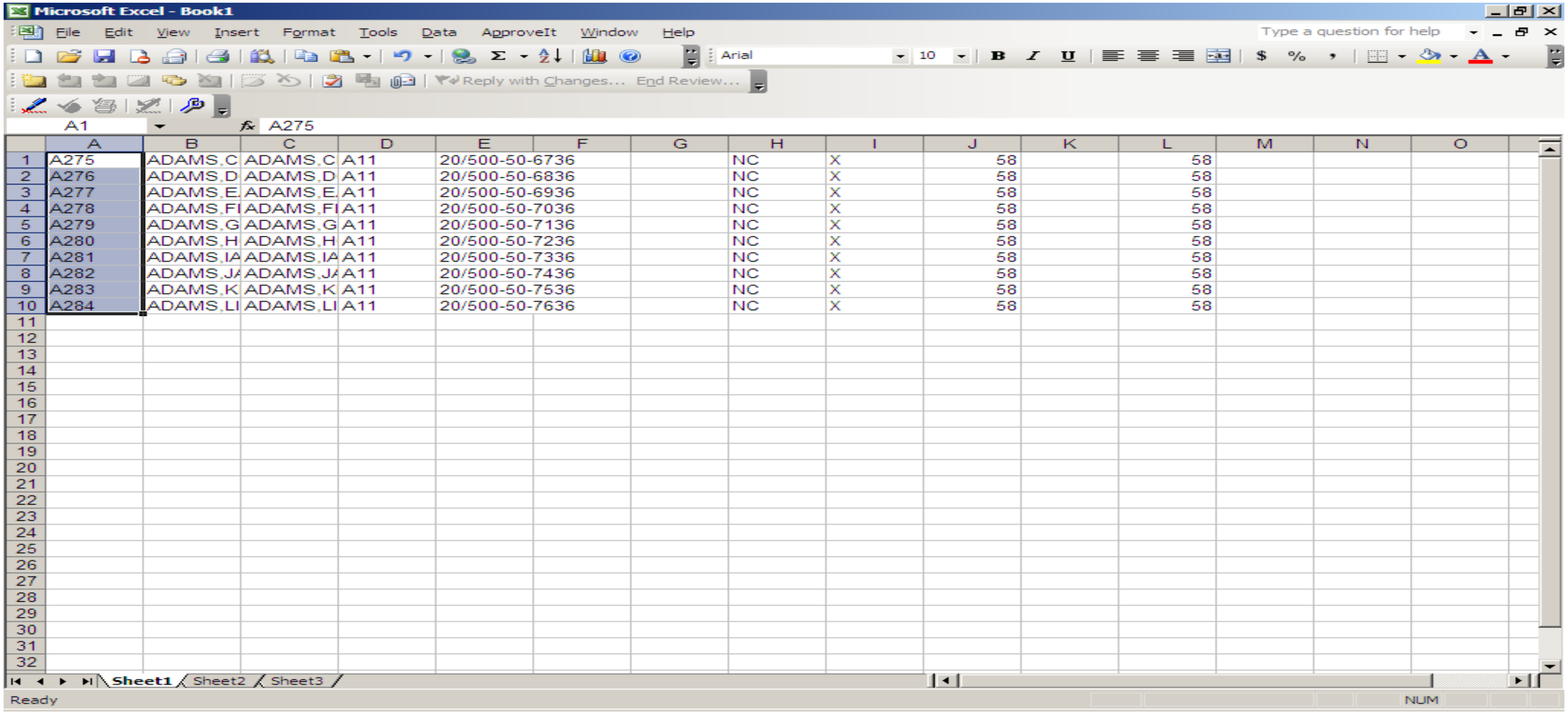
A275	ADAMS,CHARLES C	ADAMS,CHARLES C	A11	20/500-50-6736
A276	ADAMS,DONNA D	ADAMS,DONNA D	A11	20/500-50-6836
A277	ADAMS,EARL E	ADAMS,EARL E	A11	20/500-50-6936
A278	ADAMS,FLORENCE F	ADAMS,FLORENCE F	A11	20/500-50-7036
A279	ADAMS,GEORGE G	ADAMS,GEORGE G	A11	20/500-50-7136

Cancel
< Back
Next >
Finish

CORE COMPETENCIES

Transfer Data From CHCS to Excel

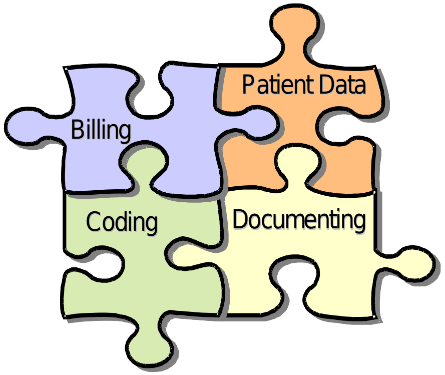

Patient Data
Billing
Coding
Documenting


Microsoft Excel - Book1
File Edit View Insert Format Tools Data ApproveIt Window Help
Type a question for help
Arial 10
Reply with Changes... End Review...
A1
A275
Sheet1 Sheet2 Sheet3
Ready
NUM

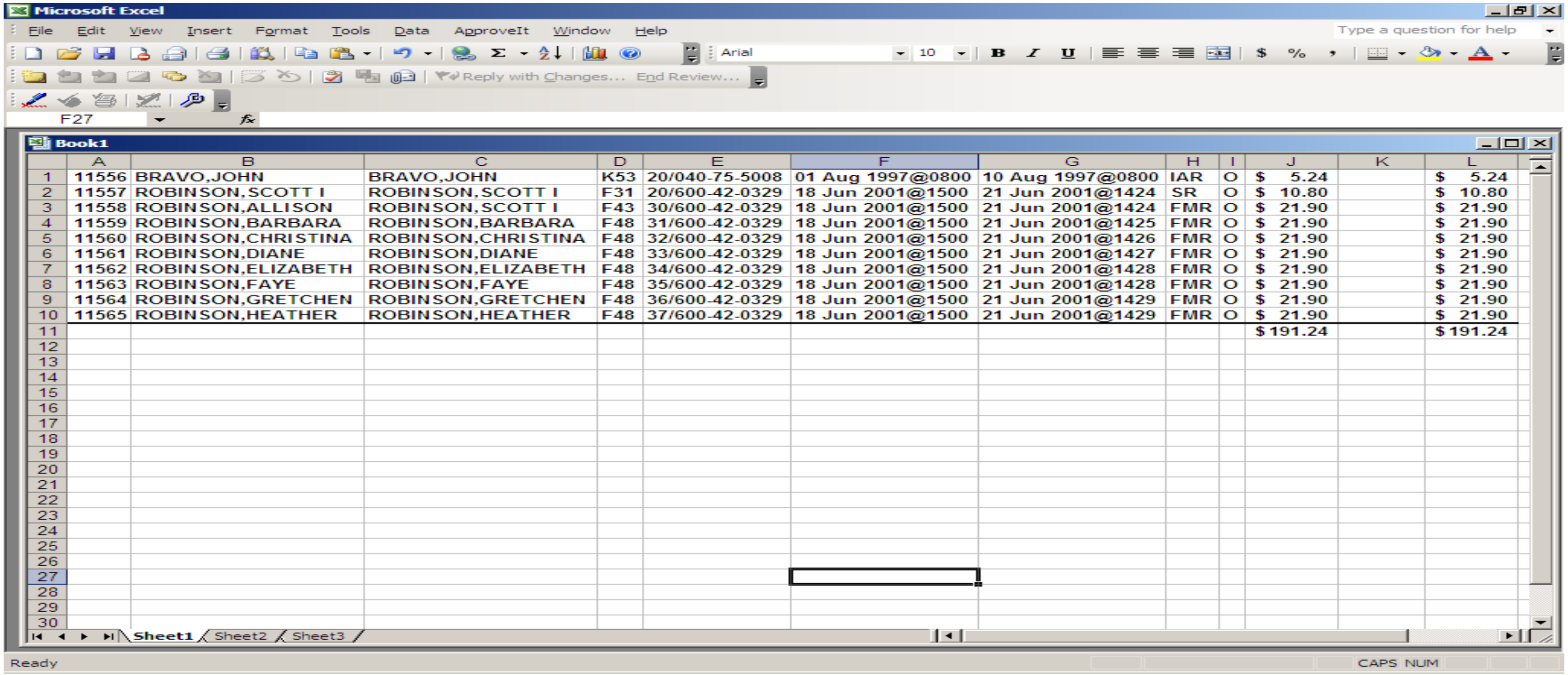
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	A275	ADAMS,C	ADAMS,C	A11	20/500-50-6736			NC	X	58		58			
2	A276	ADAMS,D	ADAMS,D	A11	20/500-50-6836			NC	X	58		58			
3	A277	ADAMS,E.	ADAMS,E.	A11	20/500-50-6936			NC	X	58		58			
4	A278	ADAMS,FI	ADAMS,FI	A11	20/500-50-7036			NC	X	58		58			
5	A279	ADAMS,G	ADAMS,G	A11	20/500-50-7136			NC	X	58		58			
6	A280	ADAMS,H	ADAMS,H	A11	20/500-50-7236			NC	X	58		58			
7	A281	ADAMS,IA	ADAMS,IA	A11	20/500-50-7336			NC	X	58		58			
8	A282	ADAMS,JA	ADAMS,JA	A11	20/500-50-7436			NC	X	58		58			
9	A283	ADAMS,K	ADAMS,K	A11	20/500-50-7536			NC	X	58		58			
10	A284	ADAMS,LI	ADAMS,LI	A11	20/500-50-7636			NC	X	58		58			

CORE COMPETENCIES

Transfer Data From CHCS to Excel



Patient Data
Billing
Coding
Documenting



Microsoft Excel
File Edit View Insert Format Tools Data ApproveIt Window Help
Type a question for help
Arial
10
Reply with Changes... End Review...
F27
Book1
Sheet1 Sheet2 Sheet3
Ready
CAPS NUM

	A	B	C	D	E	F	G	H	I	J	K	L
1	11556	BRAVO,JOHN	BRAVO,JOHN	K53	20/040-75-5008	01 Aug 1997@0800	10 Aug 1997@0800	IAR	O	$ 5.24		$ 5.24
2	11557	ROBINSON,SCOTT I	ROBINSON,SCOTT I	F31	20/600-42-0329	18 Jun 2001@1500	21 Jun 2001@1424	SR	O	$ 10.80		$ 10.80
3	11558	ROBINSON,ALLISON	ROBINSON,SCOTT I	F43	30/600-42-0329	18 Jun 2001@1500	21 Jun 2001@1424	FMR	O	$ 21.90		$ 21.90
4	11559	ROBINSON,BARBARA	ROBINSON,BARBARA	F48	31/600-42-0329	18 Jun 2001@1500	21 Jun 2001@1425	FMR	O	$ 21.90		$ 21.90
5	11560	ROBINSON,CHRISTINA	ROBINSON,CHRISTINA	F48	32/600-42-0329	18 Jun 2001@1500	21 Jun 2001@1426	FMR	O	$ 21.90		$ 21.90
6	11561	ROBINSON,DIANE	ROBINSON,DIANE	F48	33/600-42-0329	18 Jun 2001@1500	21 Jun 2001@1427	FMR	O	$ 21.90		$ 21.90
7	11562	ROBINSON,ELIZABETH	ROBINSON,ELIZABETH	F48	34/600-42-0329	18 Jun 2001@1500	21 Jun 2001@1428	FMR	O	$ 21.90		$ 21.90
8	11563	ROBINSON,FAYE	ROBINSON,FAYE	F48	35/600-42-0329	18 Jun 2001@1500	21 Jun 2001@1428	FMR	O	$ 21.90		$ 21.90
9	11564	ROBINSON,GRETCHEN	ROBINSON,GRETCHEN	F48	36/600-42-0329	18 Jun 2001@1500	21 Jun 2001@1429	FMR	O	$ 21.90		$ 21.90
10	11565	ROBINSON,HEATHER	ROBINSON,HEATHER	F48	37/600-42-0329	18 Jun 2001@1500	21 Jun 2001@1429	FMR	O	$ 21.90		$ 21.90
11										$ 191.24		$ 191.24
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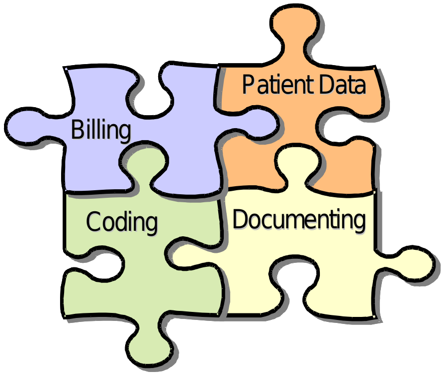
29												
30												

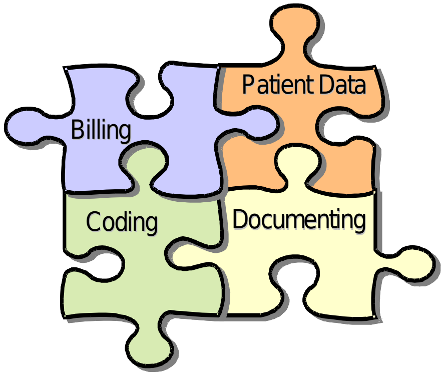
CORE COMPETENCIES

Summary


Patient Data
Billing
Coding
Documenting

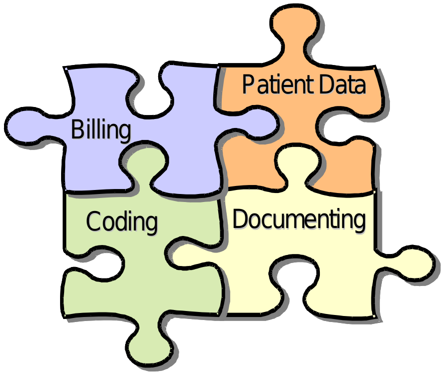
- Tool to Track Your Daily Deposits
- Tool to Identify Outpatient Visits for MSA Appointments and TPC Patients with OHI
- Tool to Extract the 1860R/Monthly Medical Activity Report Data
- Transfer Data from CHCS to Excel Spreadsheet

MSA Tools to Make Your Job Easier


Patient Data
Billing
Coding
Documenting

- Questions?

CORE COMPETENCIES

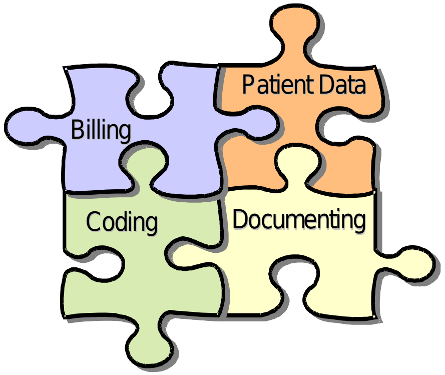

Patient Data
Billing
Coding
Documenting

DoD Invoice Processing

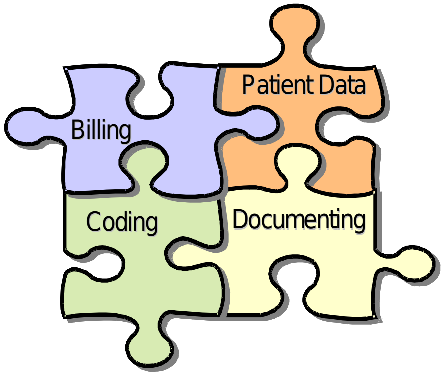
HSC Alan Boucher
HS2 April Allen
18 May 2005
Track 3 UBO Basics

CORE COMPETENCIES

Objectives


Patient Data
Billing
Coding
Documenting

- Coast Guard accounting
- SF1080
- Requirements for DD7A
- Coast Guard’s future vision of DoD billing

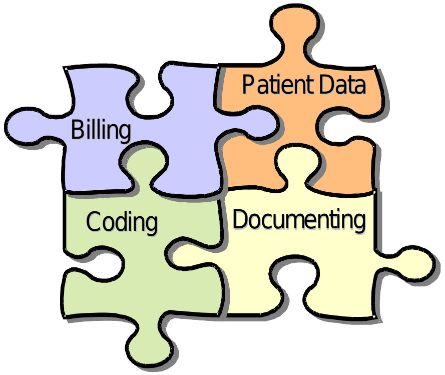

Billing
Patient Data
Coding
Documenting

Our Customers

Navy

Army

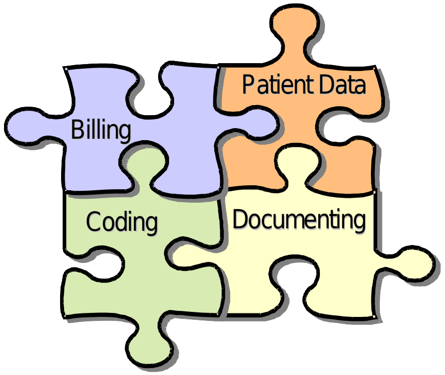
Air Force


Patient Data
Billing
Coding
Documenting

Coast Guard’s Accounting System

CORE COMPETENCIES

Coast Guard's Accounting System


Billing
Patient Data
Coding
Documenting

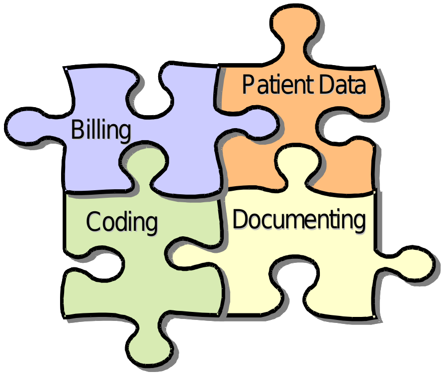
Two Accounts

K8: Active duty and active duty family members

73: Retires and retiree family members

CORE COMPETENCIES

Coast Guard's Accounting System



K8 Account

Navy active duty inpatient
Navy active duty outpatient
Navy active duty family member inpatient
Navy active duty family member outpatient

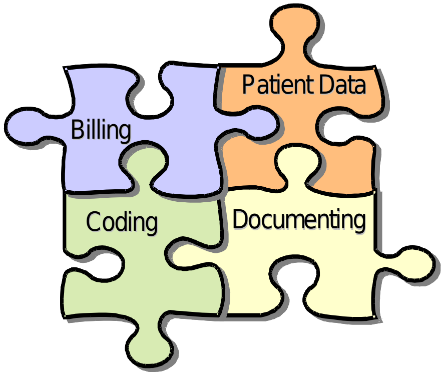
Army active duty inpatient
Army active duty outpatient
Army active duty family member inpatient
Army active duty family member outpatient

Air Force active duty inpatient
Air Force active duty outpatient
Air Force active duty family member inpatient
Air Force active duty family member outpatient

- Individual document

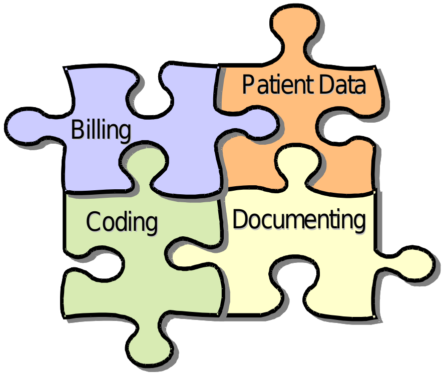
Each document is like a checking account

Coast Guard's Accounting System


Billing
Patient Data
Coding
Documenting

- Manage 5 Fiscal Years
  - 24 Documents each FY
  - 120 Documents (check books)

SF-1080 / DD7A


Patient Data
Billing
Coding
Documenting

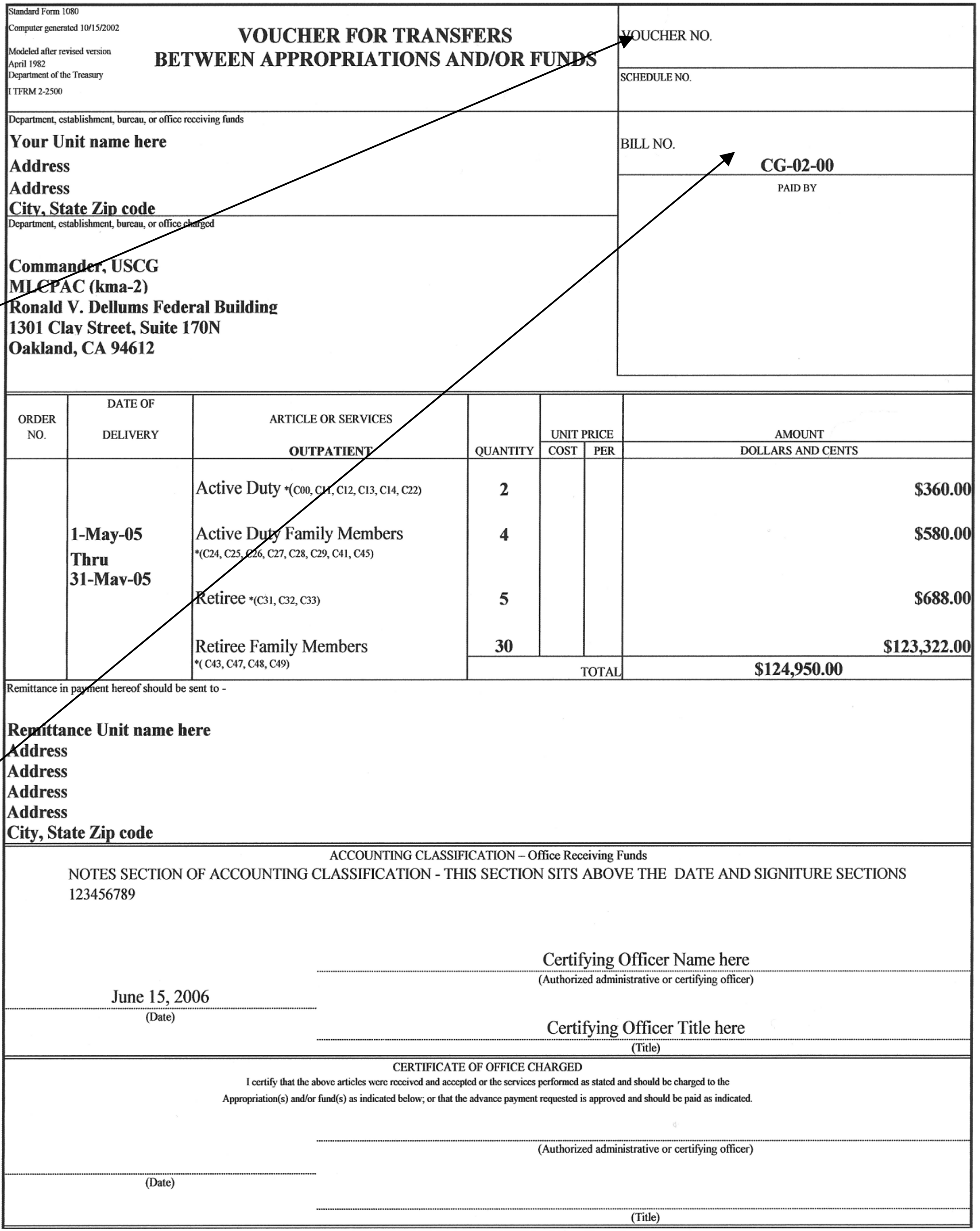
- SF-1080 is equivalent to an invoice or bill
  - States what the CG owes you
- DD7A is corresponding supporting documentation for the SF1080

CORE COMPETENCIES

SF-1080

Voucher number, leave blank

Bill number is your space



Standard Form 1080
Computer generated 10/15/2002
Modeled after revised version
April 1982
Department of the Treasury
I TFRM 2-2500

VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS

VOUCHER NO.

SCHEDULE NO.

BILL NO.
CG-02-00

PAID BY

Department, establishment, bureau, or office receiving funds
Your Unit name here
Address
Address
City, State Zip code

Department, establishment, bureau, or office charged
Commander, USCG
MLCPAC (kma-2)
Ronald V. Dellums Federal Building
1301 Clay Street, Suite 170N
Oakland, CA 94612

ORDER NO.	DATE OF DELIVERY	ARTICLE OR SERVICES OUTPATIENT	QUANTITY	UNIT PRICE COST	UNIT PRICE PER	AMOUNT DOLLARS AND CENTS
	1-May-05 Thru 31-May-05	Active Duty *(C00, C11, C12, C13, C14, C22)	**2**			**$360.00**
		Active Duty Family Members *(C24, C25, C26, C27, C28, C29, C41, C45)	**4**			**$580.00**
		Retiree *(C31, C32, C33)	**5**			**$688.00**
		Retiree Family Members *(C43, C47, C48, C49)	**30**			**$123,322.00**
					TOTAL	**$124,950.00**

Remittance in payment hereof should be sent to -

Remittance Unit name here
Address
Address
Address
Address
City, State Zip code

ACCOUNTING CLASSIFICATION – Office Receiving Funds
NOTES SECTION OF ACCOUNTING CLASSIFICATION - THIS SECTION SITS ABOVE THE DATE AND SIGNITURE SECTIONS
123456789

Certifying Officer Name here
(Authorized administrative or certifying officer)

June 15, 2006
(Date)

Certifying Officer Title here
(Title)

CERTIFICATE OF OFFICE CHARGED
I certify that the above articles were received and accepted or the services performed as stated and should be charged to the Appropriation(s) and/or fund(s) as indicated below; or that the advance payment requested is approved and should be paid as indicated.

(Authorized administrative or certifying officer)

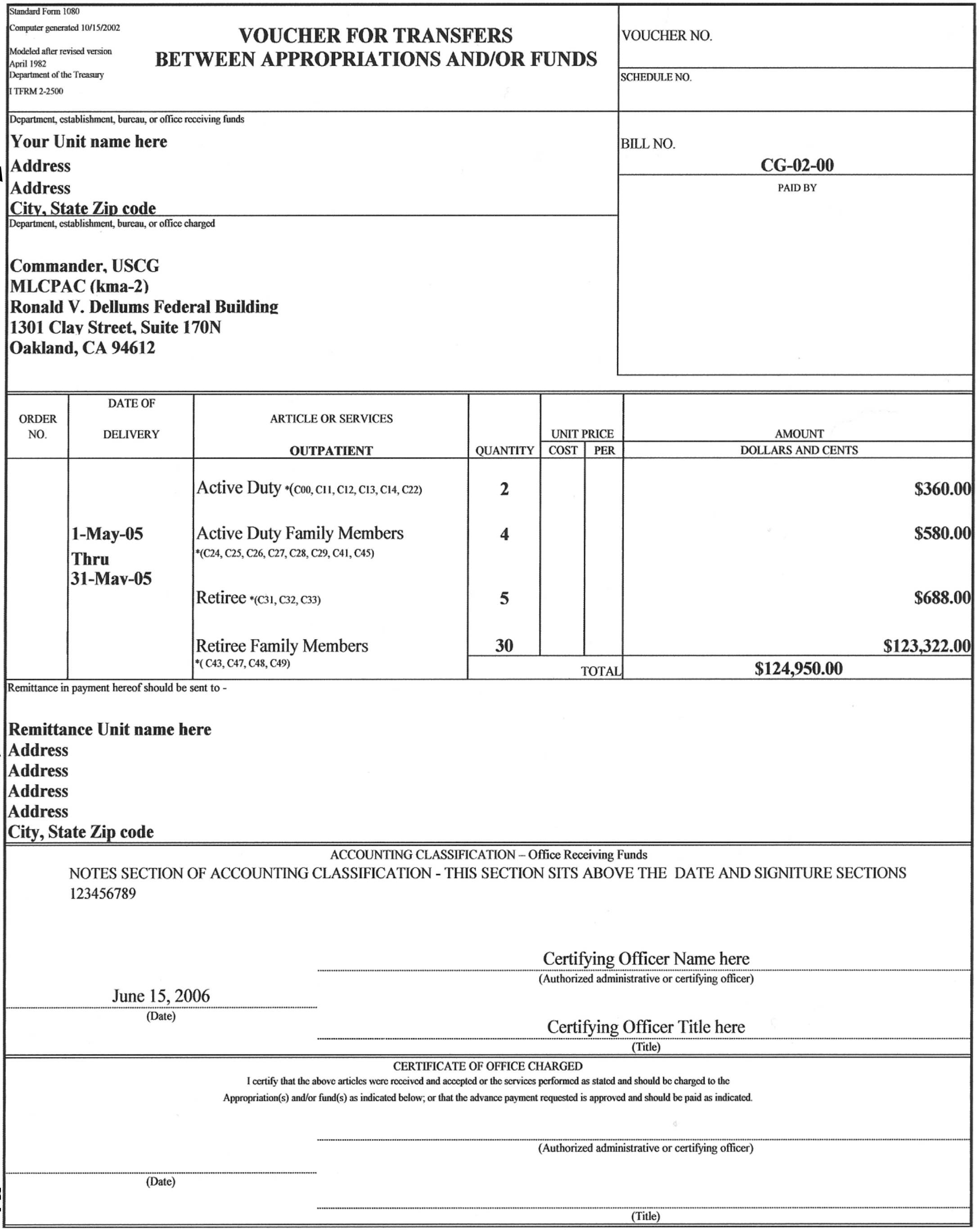
(Date)

(Title)

CORE COMPETENCIES

SF-1080

Verify both address



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SCHEDULE NO.

Department, establishment, bureau, or office receiving funds

Your Unit name here
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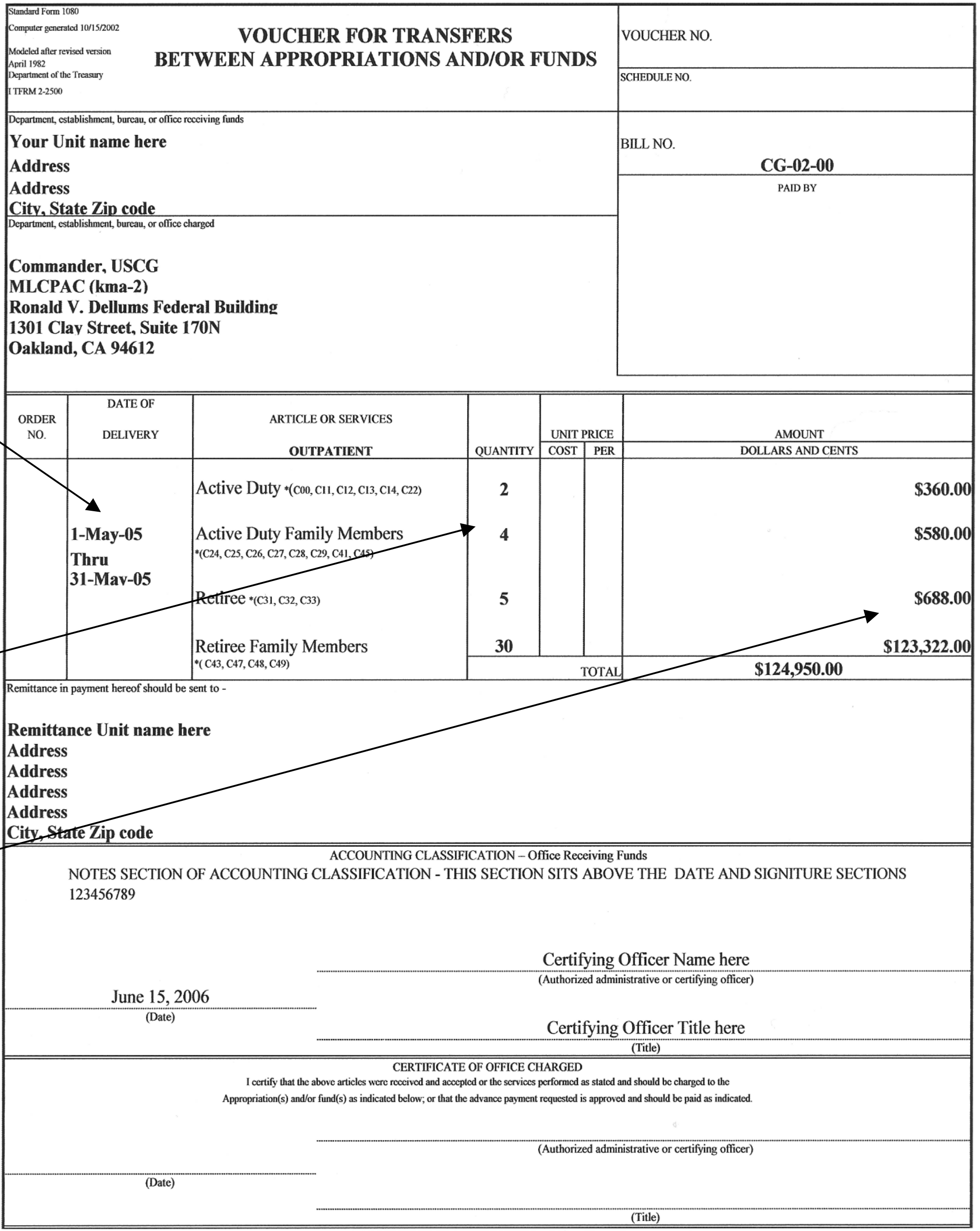
(Date)

(Title)

CORE COMPETENCIES

SF-1080

- Date of delivery
  - Bill monthly
  - Matches DD7A
  - Must be same FY
- Quantity
  - Matches DD7A
- Amount
  - Matches DD7A



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VOUCHER NO.

SCHEDULE NO.

BILL NO. **CG-02-00**

PAID BY

Department, establishment, bureau, or office receiving funds

Your Unit name here
Address
Address
City, State Zip code

Department, establishment, bureau, or office charged

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MLCPAC (kma-2)
Ronald V. Dellums Federal Building
1301 Clay Street, Suite 170N
Oakland, CA 94612

ORDER NO.	DATE OF DELIVERY	ARTICLE OR SERVICES **OUTPATIENT**	QUANTITY	UNIT PRICE COST	UNIT PRICE PER	AMOUNT DOLLARS AND CENTS
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(Authorized administrative or certifying officer)

(Date)

(Title)

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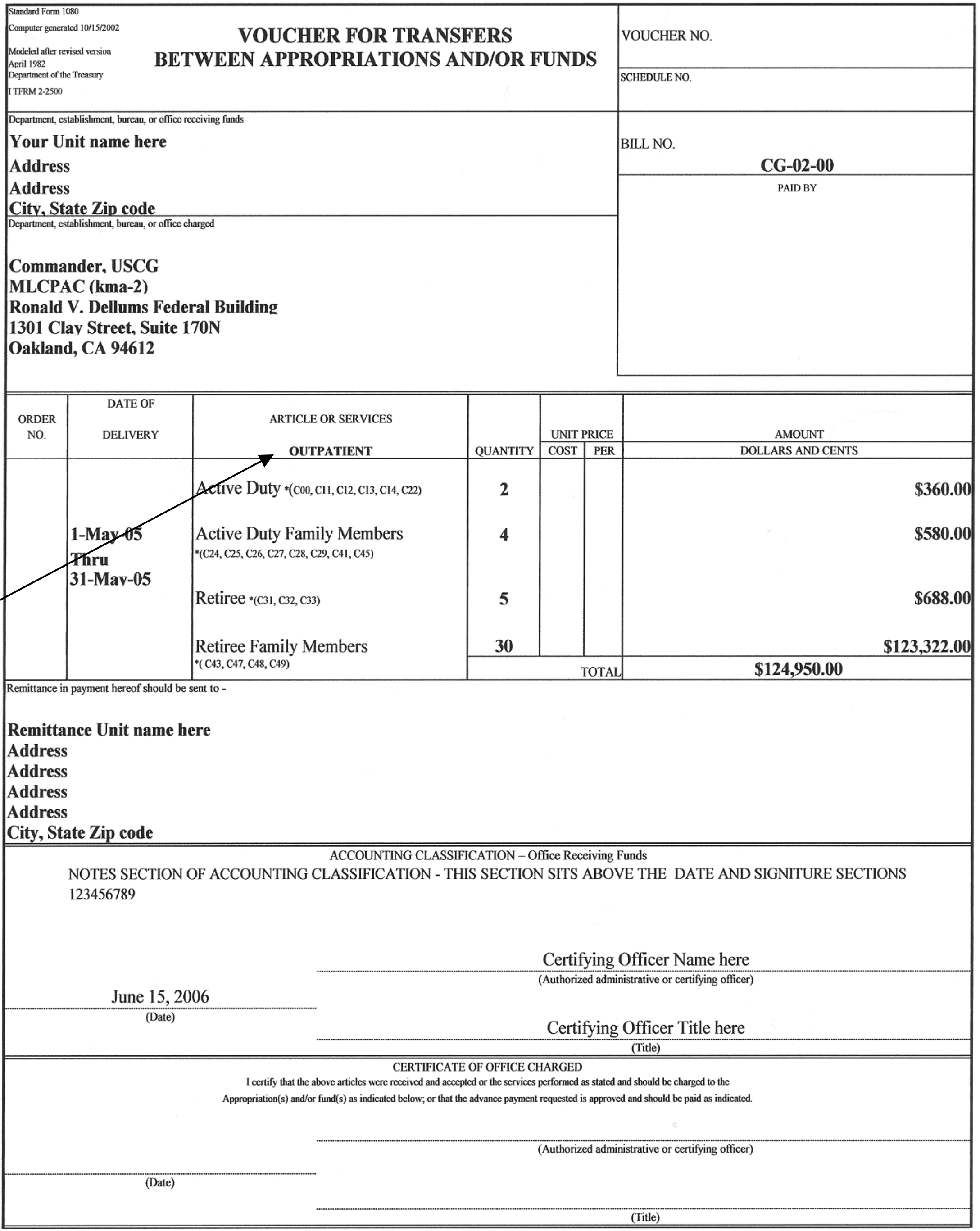
SF-1080

- Outpatient - Inpatient labeled on SF-1080



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SCHEDULE NO.

Department, establishment, bureau, or office receiving funds

Your Unit name here
Address
Address
City, State Zip code

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PAID BY

Department, establishment, bureau, or office charged

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(Date)

(Title)

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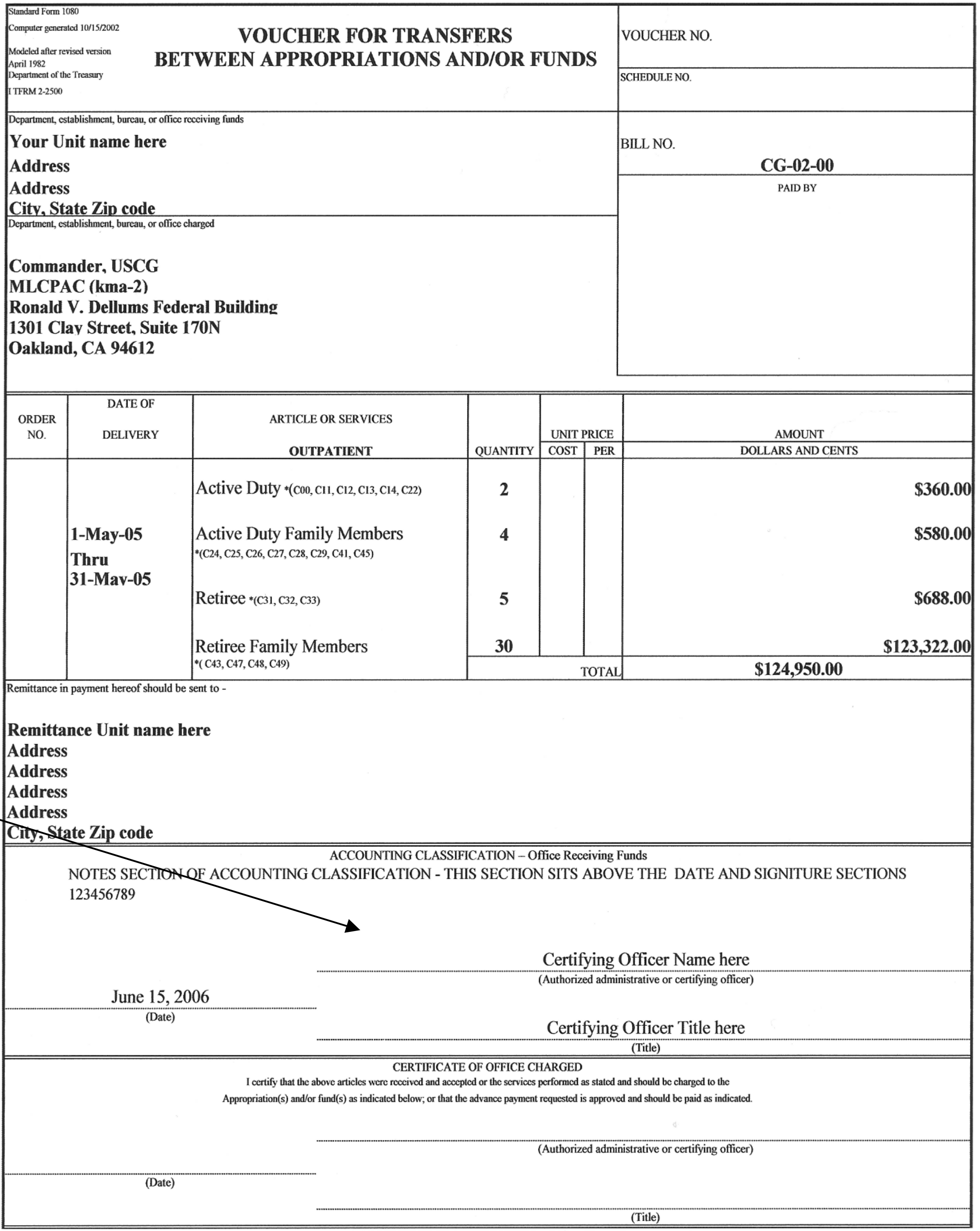
SF-1080

Accounting classification block is for your use



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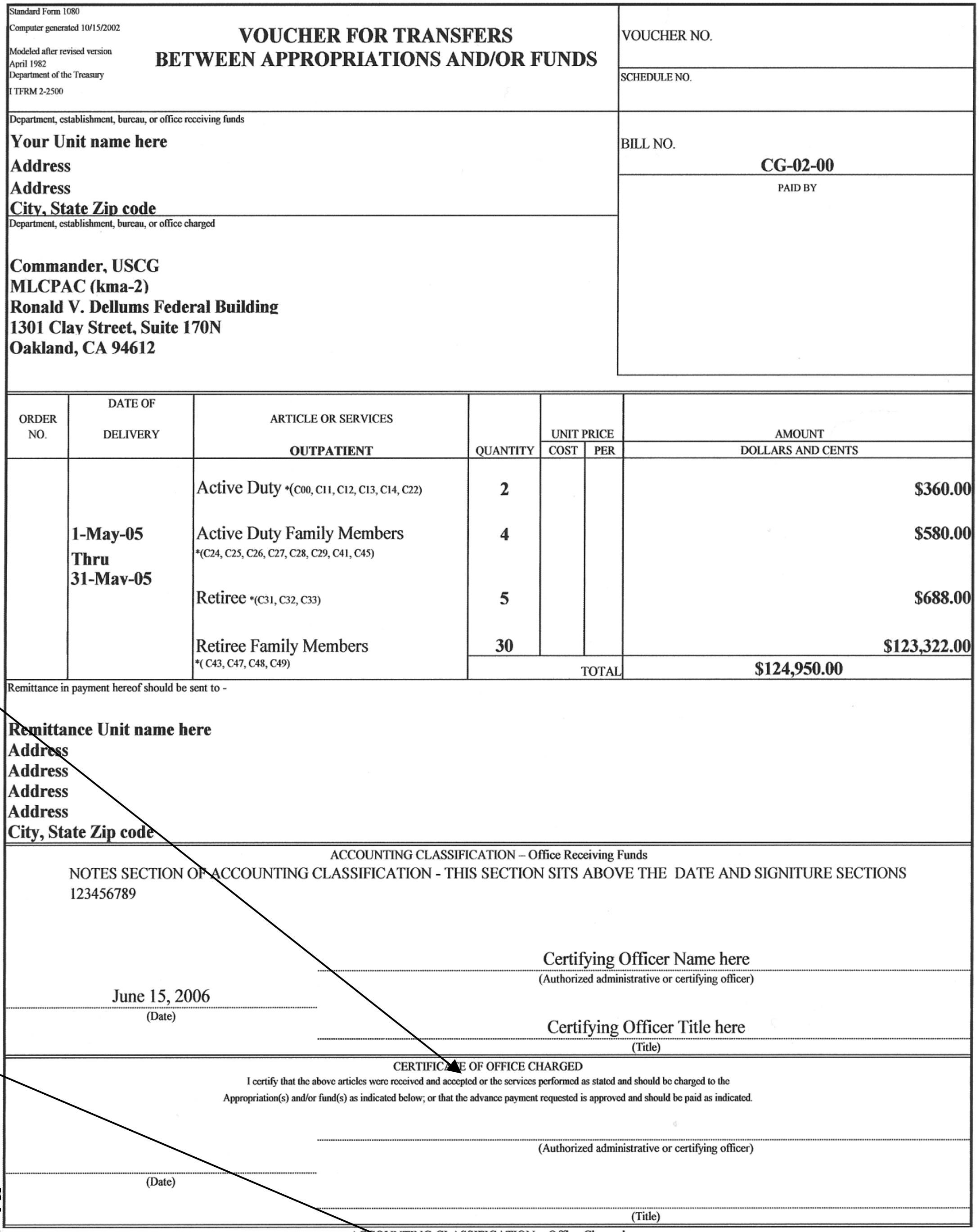
(Date)

(Title)

SF-1080

CG signature area, please leave blank

Leave at least 1.5" of space at the bottom of the SF-1080



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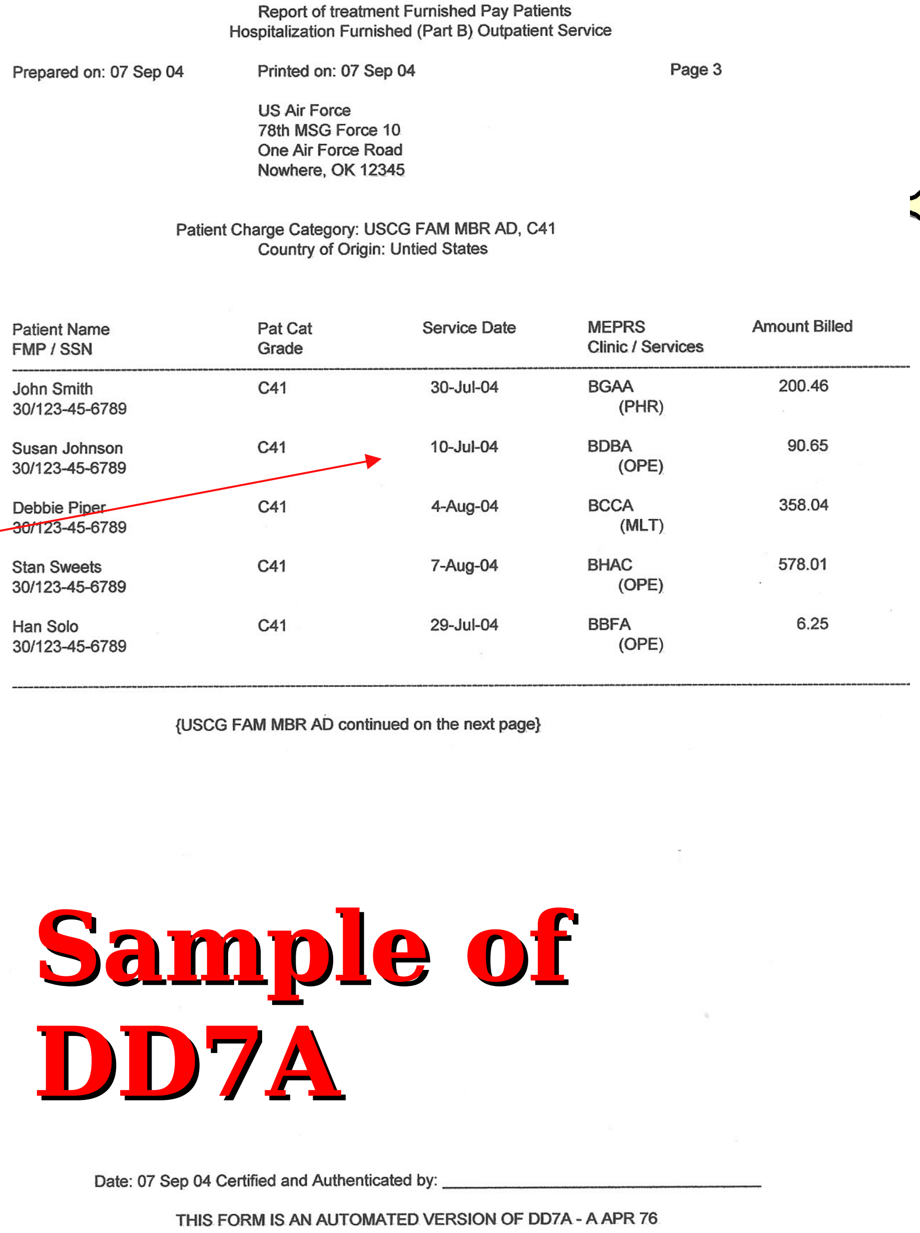
(Date)

(Title)

CORE COMPETENCIES

DD7A

Ensure all patient visits are within the **same Fiscal Year**



Report of treatment Furnished Pay Patients
Hospitalization Furnished (Part B) Outpatient Service

Prepared on: 07 Sep 04 Printed on: 07 Sep 04 Page 3

US Air Force
78th MSG Force 10
One Air Force Road
Nowhere, OK 12345

Patient Charge Category: USCG FAM MBR AD, C41
Country of Origin: Untied States

Patient Name FMP / SSN	Pat Cat Grade	Service Date	MEPRS Clinic / Services	Amount Billed
John Smith 30/123-45-6789	C41	30-Jul-04	BGAA (PHR)	200.46
Susan Johnson 30/123-45-6789	C41	10-Jul-04	BDBA (OPE)	90.65
Debbie Piper 30/123-45-6789	C41	4-Aug-04	BCCA (MLT)	358.04
Stan Sweets 30/123-45-6789	C41	7-Aug-04	BHAC (OPE)	578.01
Han Solo 30/123-45-6789	C41	29-Jul-04	BBFA (OPE)	6.25

{USCG FAM MBR AD continued on the next page}

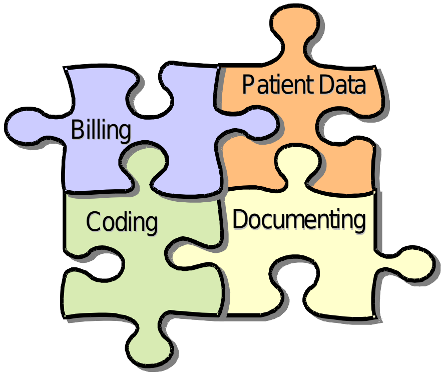
Date: 07 Sep 04 Certified and Authenticated by: ______________________

THIS FORM IS AN AUTOMATED VERSION OF DD7A - A APR 76

Sample of DD7A

CORE COMPETENCIES

Air Force Billing

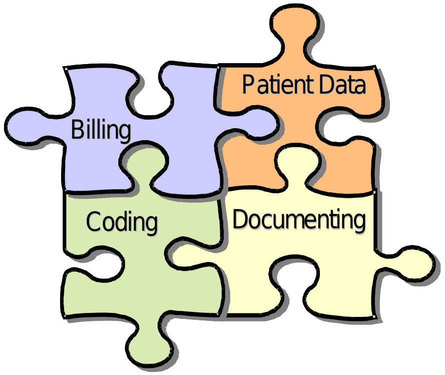

Patient Data
Billing
Coding
Documenting

- Individual MTFs will bill Coast Guard MLCPAC on a monthly basis
- Eventually, the Coast Guard will pay via IPAC

Per Memorandum of Understanding signed by the Assistant Secretary of Defense, Health Affairs 01/18/05

CORE COMPETENCIES

Army Billing

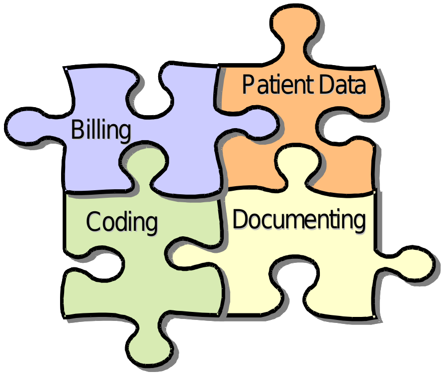


- Individual MTFs will forward the bill to Army Medical Command, who will verify proper billing and combine the bills for their service and submit one consolidated SF-1080 to the Coast Guard for payment
- Eventually, the Coast Guard will pay via IPAC

Per Memorandum of Understanding signed by the Assistant Secretary of Defense, Health Affairs 01/18/05

CORE COMPETENCIES

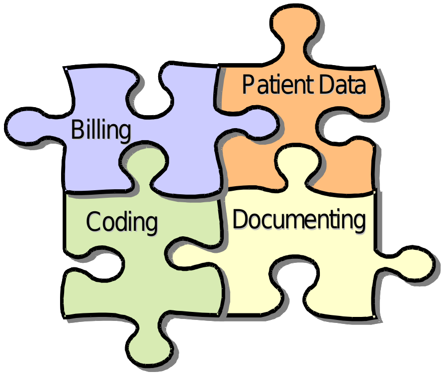
Navy Billing


Patient Data
Billing
Coding
Documenting

- Navy MTFs forward their bills to BUMED, via their HSOs. BUMED consolidates bills by HSOs and submits SF-1080 to the CG
- Eventually, the Coast Guard will pay via IPAC

Per Memorandum of Understanding signed by the Assistant Secretary of Defense, Health Affairs 01/18/05

CORE COMPETENCIES

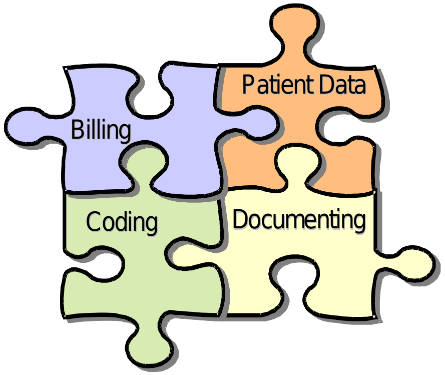

Patient Data
Billing
Coding
Documenting

Receipt of Bill

- Preferred method
  - CD ROM
- Mail (printed copy)
- Electronic copy via E-mail

CORE COMPETENCIES

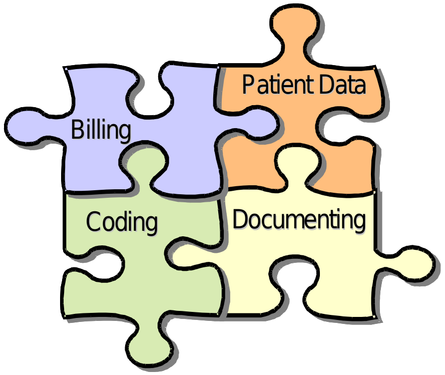
SF1080 Tracker


Patient Data
Billing
Coding
Documenting

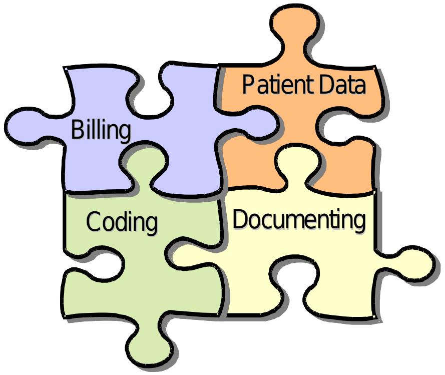
- Tracks invoices
- Keeps record of total amounts billed
- Creates SF1080s
- Easily transferred to CD ROM

CORE COMPETENCIES

Billing Notes


Patient Data
Billing
Coding
Documenting

- Bill CG Monthly
- Legible copies
- No duplicate copies
- Standardized FY05 CG Billing Voucher Number


Patient Data
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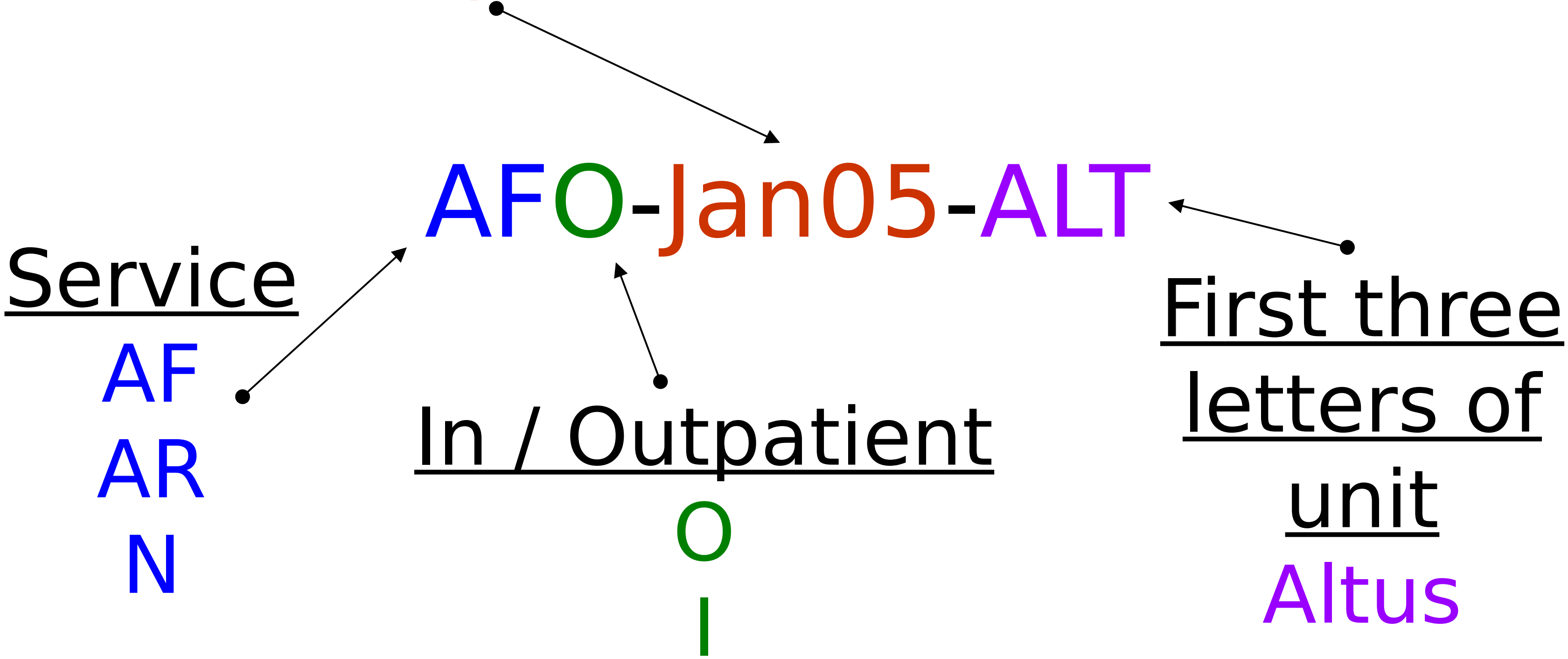
Documenting

Payment Trailer Card



Date of Delivery

January 05

AFO-Jan05-ALT

Service

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In / Outpatient

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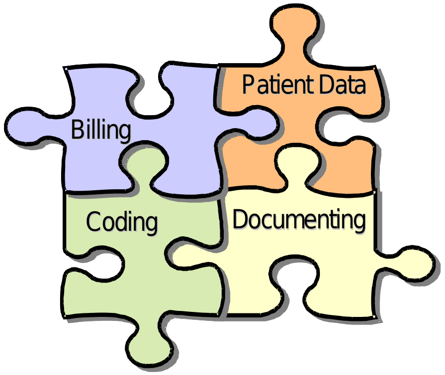
First three letters of unit

Altus

CORE COMPETENCIES

DoD Billing Future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Documenting

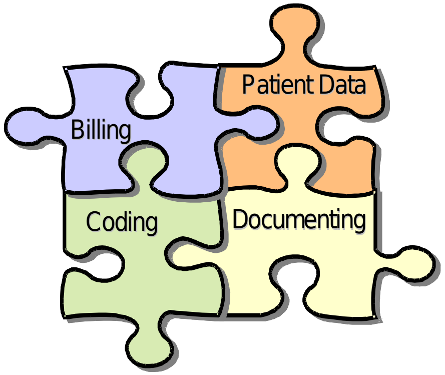
Probable:

- Moving to CGHQ (Washington, DC)
- Will pay DoD via IPAC

Possible:

- Evaluating Fiscal Intermediary to process invoices
- Possible change in how invoices are processed

Summary


Patient Data
Billing
Coding
Documenting

- CG Accounting
- SF1080
- DD7A
- Future

Questions?

U.S. COAST GUARD
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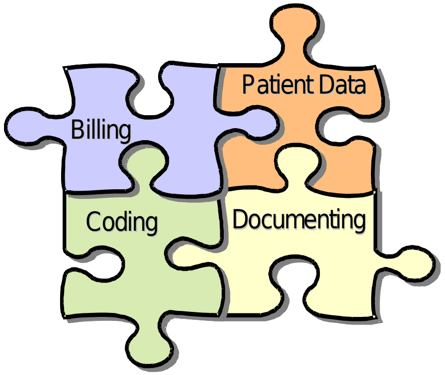

Patient Data
Billing
Coding
Documenting

Military Health System (MHS) Information Management and the Requirements Process

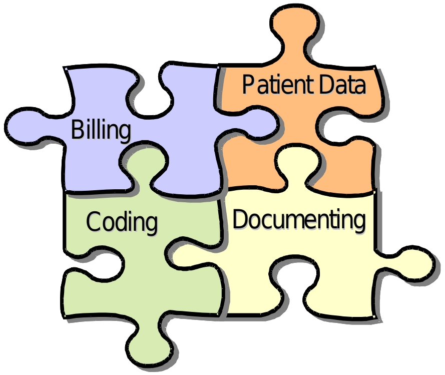
Ms. Ruth Rosen, TMA/IMD

18 May 2005

Track 3

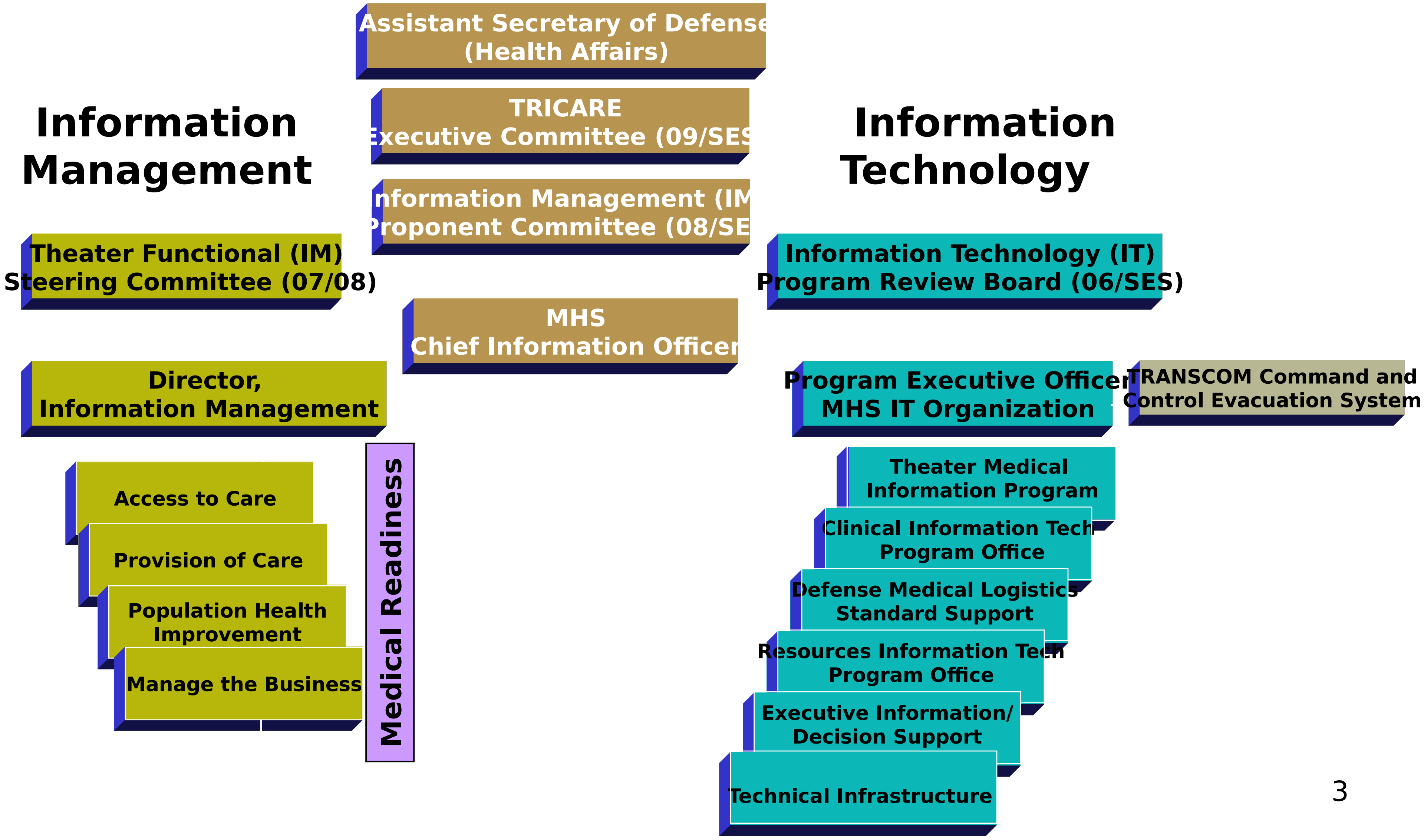
CORE COMPETENCIES

Objectives



- Become informed about the MHS Information Management (IM) and Information Technology organizational structure
- Gain an overview of the MHS IM functional requirements development process (RDP)
- Be able to submit requests for changes and improvements in MHS automated information systems (AIS)
- Understand how your submissions are reviewed, tracked, and implemented

MHS IM/IT Program Management Oversight Structure



Assistant Secretary of Defense
(Health Affairs)

TRICARE
Executive Committee (09/SES

nformation Management (IM
Proponent Committee (08/SE

MHS
Chief Information Officer

Information Management

Theater Functional (IM)
Steering Committee (07/08)

Director,
Information Management

- Access to Care
- Provision of Care
- Population Health Improvement
- Manage the Business

Medical Readiness

Information Technology

Information Technology (IT)
Program Review Board (06/SES)

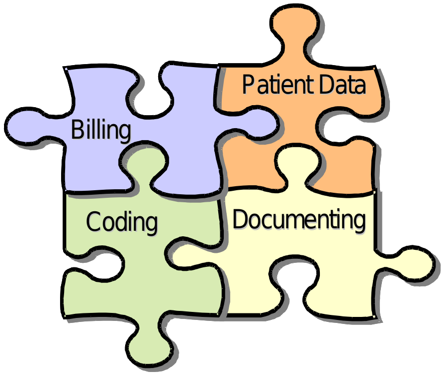
Program Executive Officer
MHS IT Organization

TRANSCOM Command and
Control Evacuation System

- Theater Medical Information Program
- Clinical Information Tech Program Office
- Defense Medical Logistics Standard Support
- Resources Information Tech Program Office
- Executive Information/ Decision Support
- Technical Infrastructure

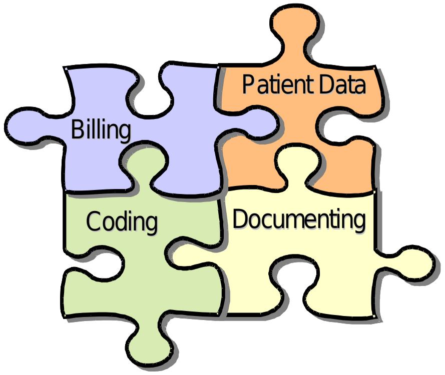
CORE COMPETENCIES

Purpose of the IM Requirement Development Process (RDP)



“The purpose of the IM RDP is to document guidelines and procedures in support of the Director, IM, in the execution of a centralized process to clearly define, document, analyze, and manage functional requirements at appropriate times in the AIS life cycle. The IM RDP is a repeatable, consistent, and traceable process that supports the MHS stakeholders.”

Overview of the IM RDP


Patient Data
Billing
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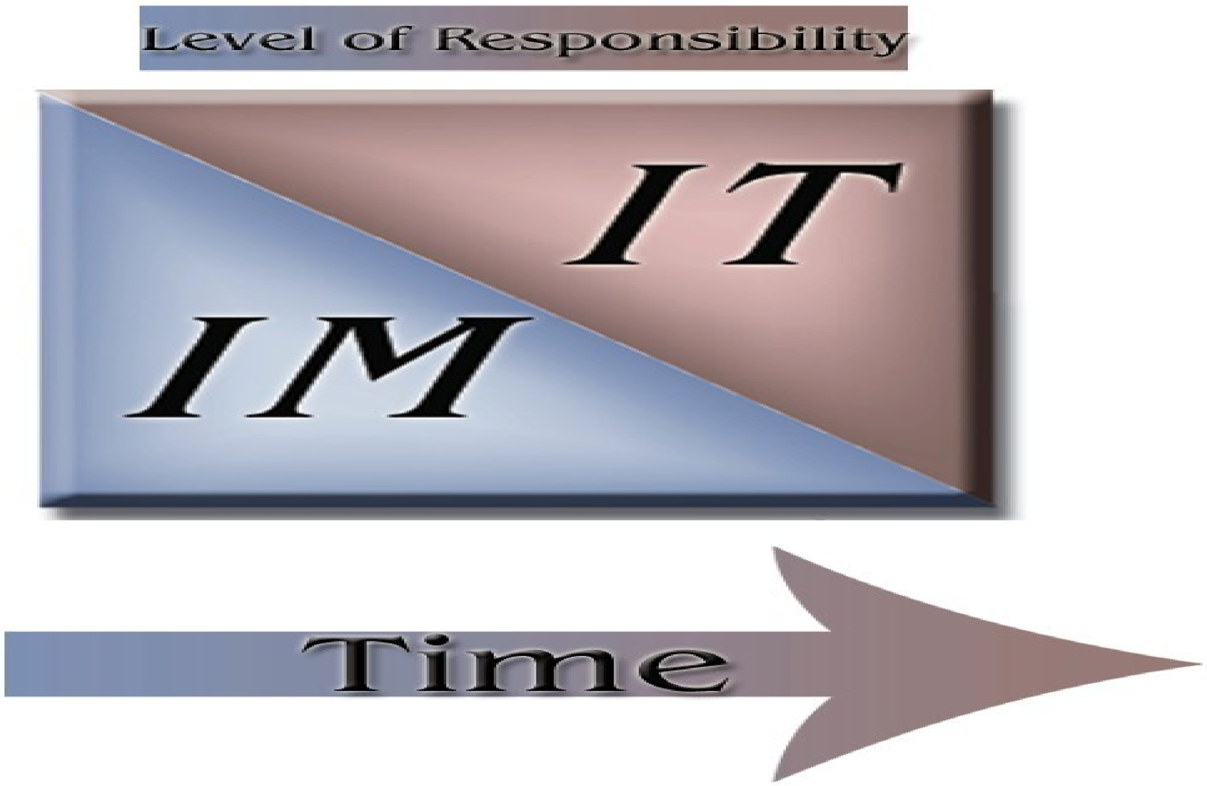
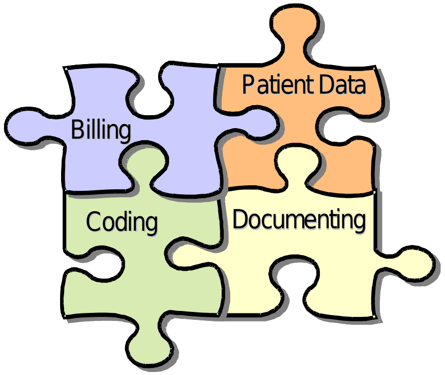
Documenting


Level of Responsibility
IT
IM
Time

CORE COMPETENCIES


Patient Data
Billing
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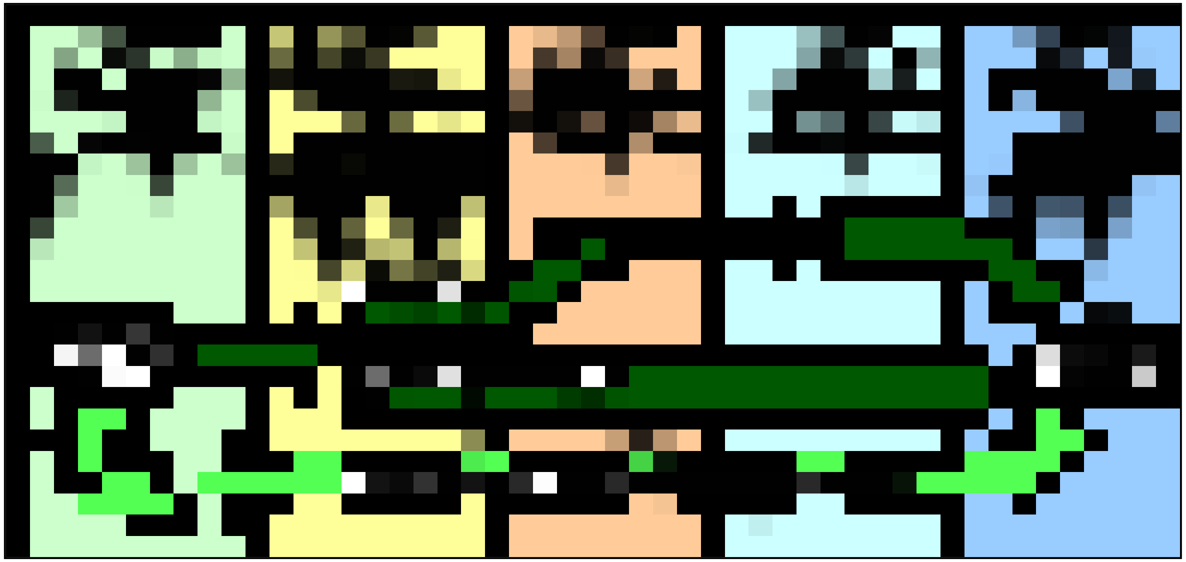
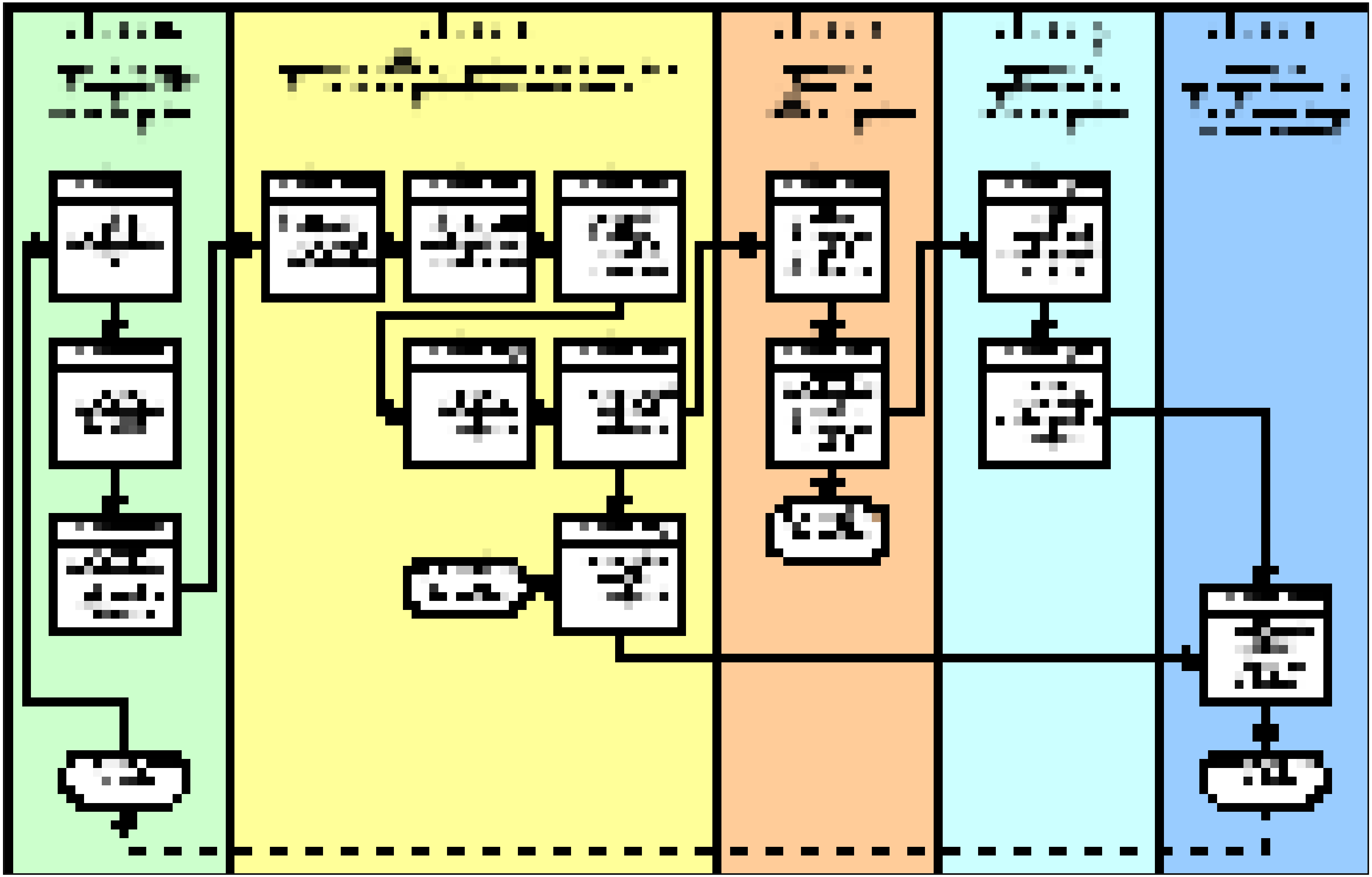
Documenting

Information Management Requirements Development Process (RDP)

Five Phases:

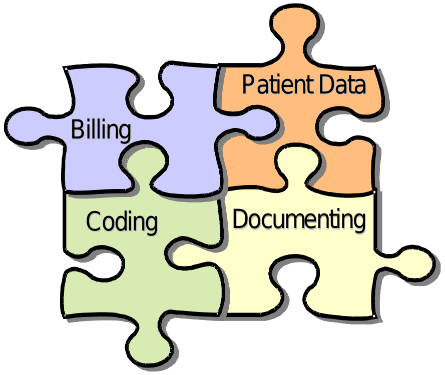


Requirements Development Process - Operation



CORE COMPETENCIES

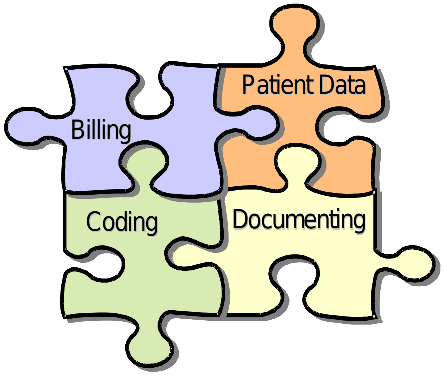
Your Role in the Requirements Process



- Think about your business activities:
  - Is a change needed to an existing Military Health System (MHS) automated information system (AIS)?
  - Do you have a requirement for a new capability that the MHS should support?
- Document your recommended change on a TMA/IM submissions form.
  - Email imit_reqs@tma.osd.mil to obtain the form.
  - Complete and return the form imit_reqs@tma.osd.mil
  - Also send copy to Service UBO Manager.
  - After they receive your submission TMA will send you a confirmation of receipt and a submission number that can be used to monitor the status of your submission in the MHS Requirements Repository.
  - You can also establish an MHS Repository user account by sending an email request to doors_support@tma.osd.mil.

CORE COMPETENCIES

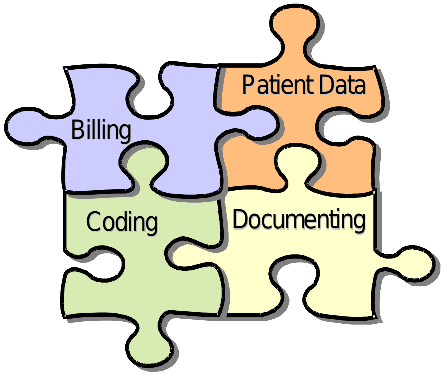
Sample Submissions Form



- **Short Descriptive Title of Change or New Capability:**
- **Priority: (High, Medium, Low)**
- **Justification for High Priority:** (For example, jeopardizes patient safety, adverse impact to project/system and no workaround, etc)
- **Potential System(s) Impacted:**
- **Description of Change/New Capability:**
- **Projected Benefit:**
- **Policy Change/Addition:**
- **Functional Proponent:** (For example, UBO Work Group, UBU Work Group, etc)
- **Originator's Contact Information:**

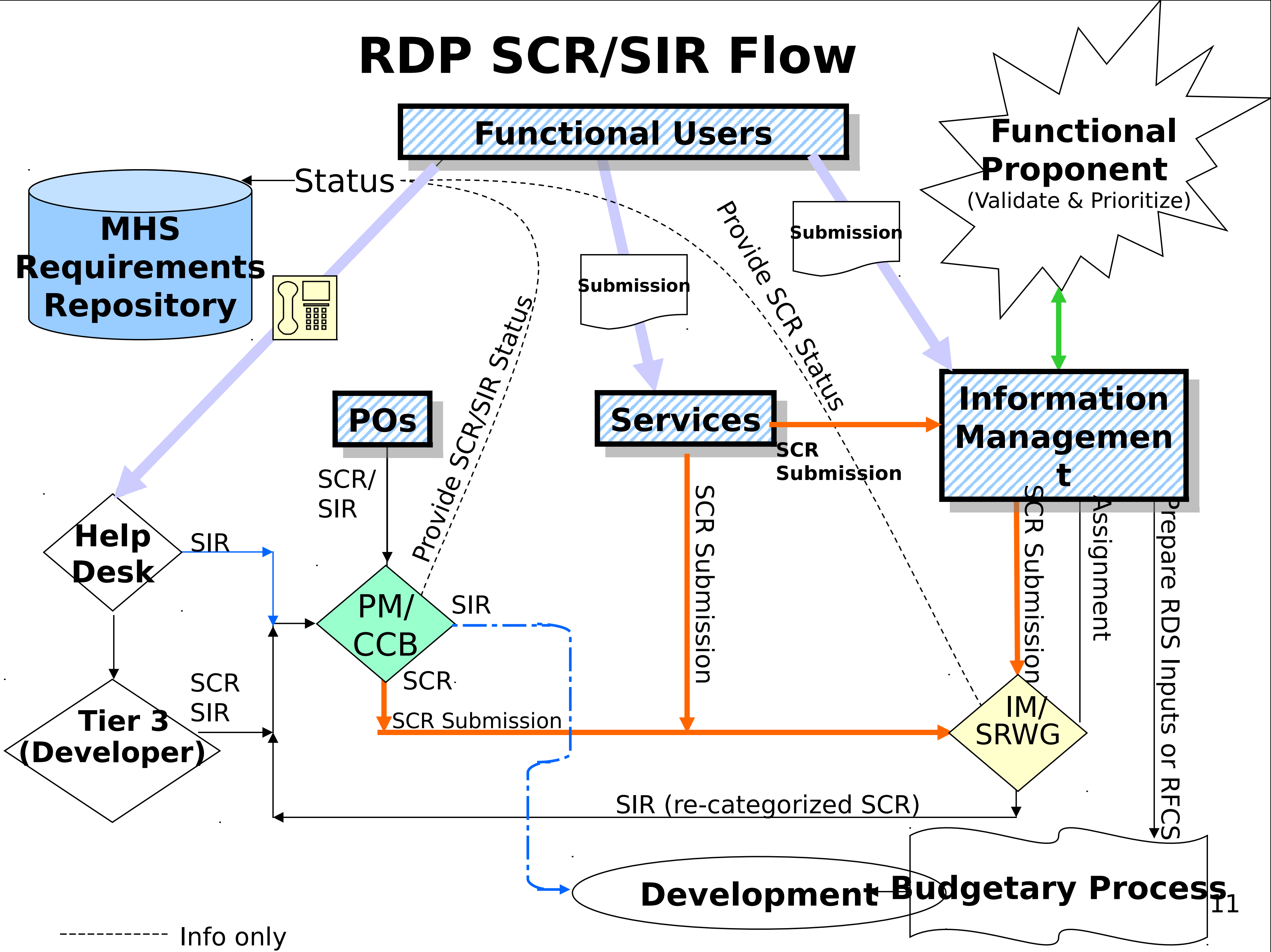
CORE COMPETENCIES

Common Submission Types



- System change request (SCR)
  - Changing a current requirement or adding a new requirement in an existing automated information system (AIS)
- System incident report (SIR)
  - Notifying that an error has been observed in hardware, software, documentation, or other AIS-related item
- Maintenance change request (MCR)
  - Requesting routine change in the ongoing operation of an AIS (e.g., update to a common database table)
- Capability gap
  - Identifying a new requirement for functionality that does not currently exist (e.g., a requirement resulting from a new legislative mandate or DoD policy)

RDP SCR/SIR Flow



Functional Users

Functional Proponent
(Validate & Prioritize)

Status

MHS Requirements Repository

Submission

Submission

Provide SCR/SIR Status

Provide SCR Status

POs

Services

SCR Submission

Information Management

SCR/ SIR

Help Desk

SIR

PM/ CCB

SIR

SCR

SCR Submission

SCR Submission

SCR Submission

Assignment

Prepare RDS Inputs or RFCS

Tier 3 (Developer)

SCR
SIR

IM/ SRWG

SIR (re-categorized SCR)

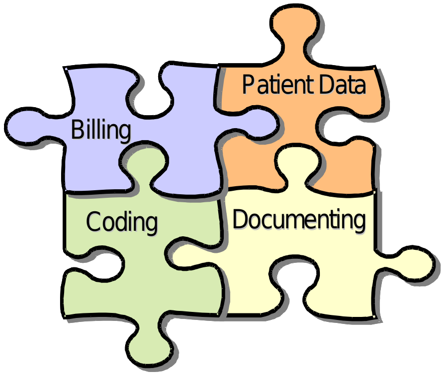
Development

Budgetary Process

Info only

CORE COMPETENCIES

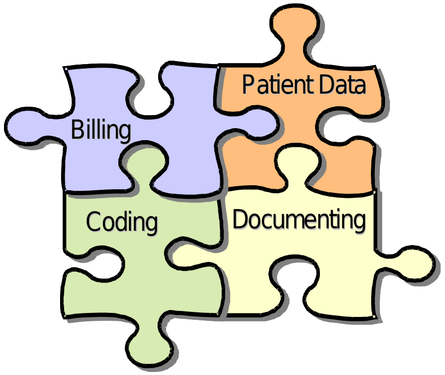
Functional Proponent



- A recognized authority, representing a MHS functional activity, empowered to review and recommend actions regarding change submissions and other requirements
- Usually represented by a work group composed of TMA, Army, Navy, and Air Force medical representatives
- Examples:
  - Uniform Business Office (UBO) Work Group
  - Unified Biostatistical Utility (UBU) Work Group
  - MEPRS Management Improvement Group (MMIG)

CORE COMPETENCIES

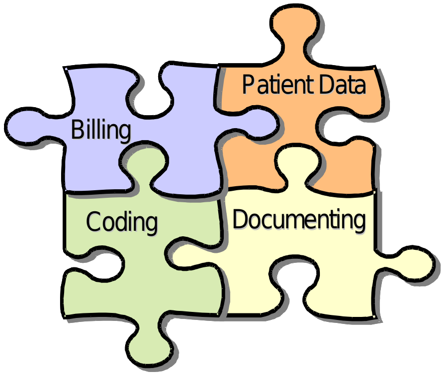
Submissions Tracking



- All Submissions are maintained in the MHS Requirements Repository (DOORS) with supporting documentation with access available via DOORSnet
- With each submission, TMA/IM staff check the DOORS database to ensure there is no duplication of this requirement in the MHS

CORE COMPETENCIES

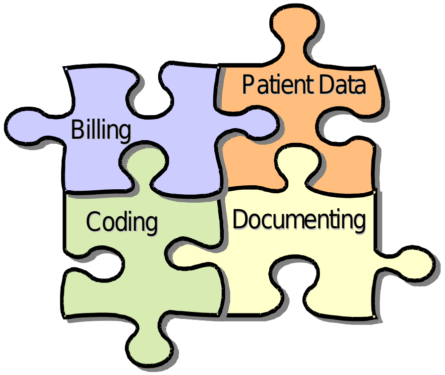
After Prioritization



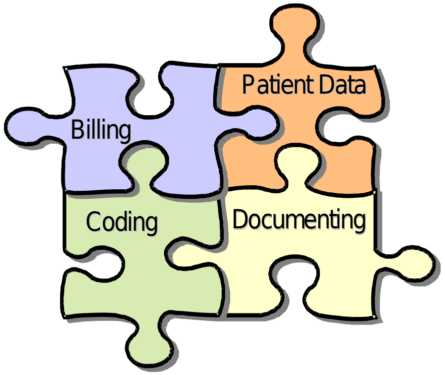
- After the Submission is prioritized for funding, the IM staff will ensure all supporting documentation is prepared to move the submission forward in the process (whether current year or within the POM):
- Time is a critical decision; current year requirements can end up worked through the process but be unfunded.
- Requirements management includes significant additional supporting documentation.
  - Architecture: Operational Views
  - Request for Cost, Scheduling, and Implementation
  - Place in the POM Document to be presented to the Functional Integration Work Group (FIWG).

CORE COMPETENCIES

Summary

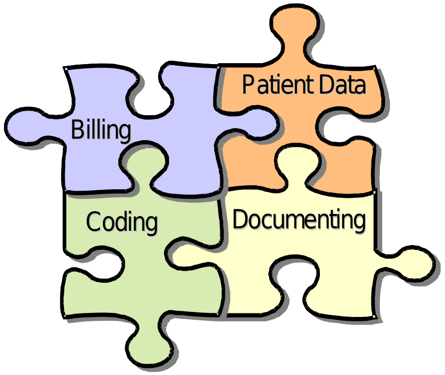


- The Military Health System has a standardized process for functional requirements management
- You have an important role in submitting requests to improve automated information systems and identifying other AIS-related requirements
- For additional information contact imit_reqs@tma.osd.mil


Billing
Patient Data
Coding
Documenting

Questions?

CORE COMPETENCIES

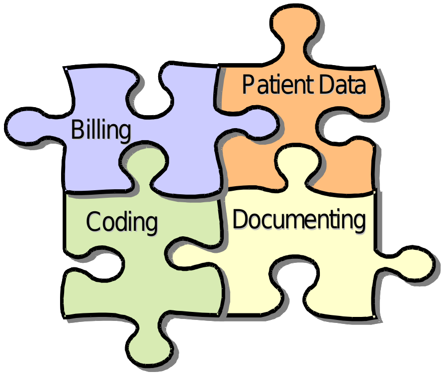

Patient Data
Billing
Coding
Documenting

SIT/OHI Conversion

Nash Keel
Wednesday
May 18, 2005
Track (3-UBO)

CORE COMPETENCIES

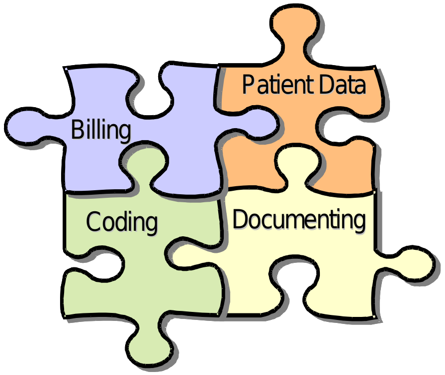
Objectives


Patient Data
Billing
Coding
Documenting

- Describe SIT/OHI Data Standardization
- Understand the Pre-conversion Process
- Know the Pitfalls and Consequences
- Have a Successful Conversion

CORE COMPETENCIES

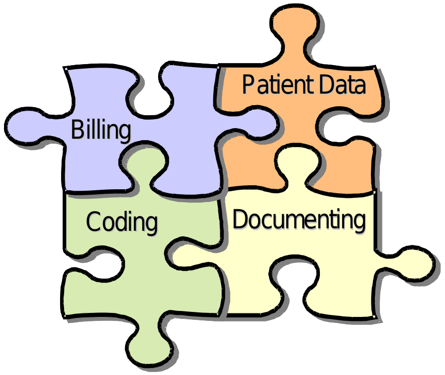
What is New DEERS?

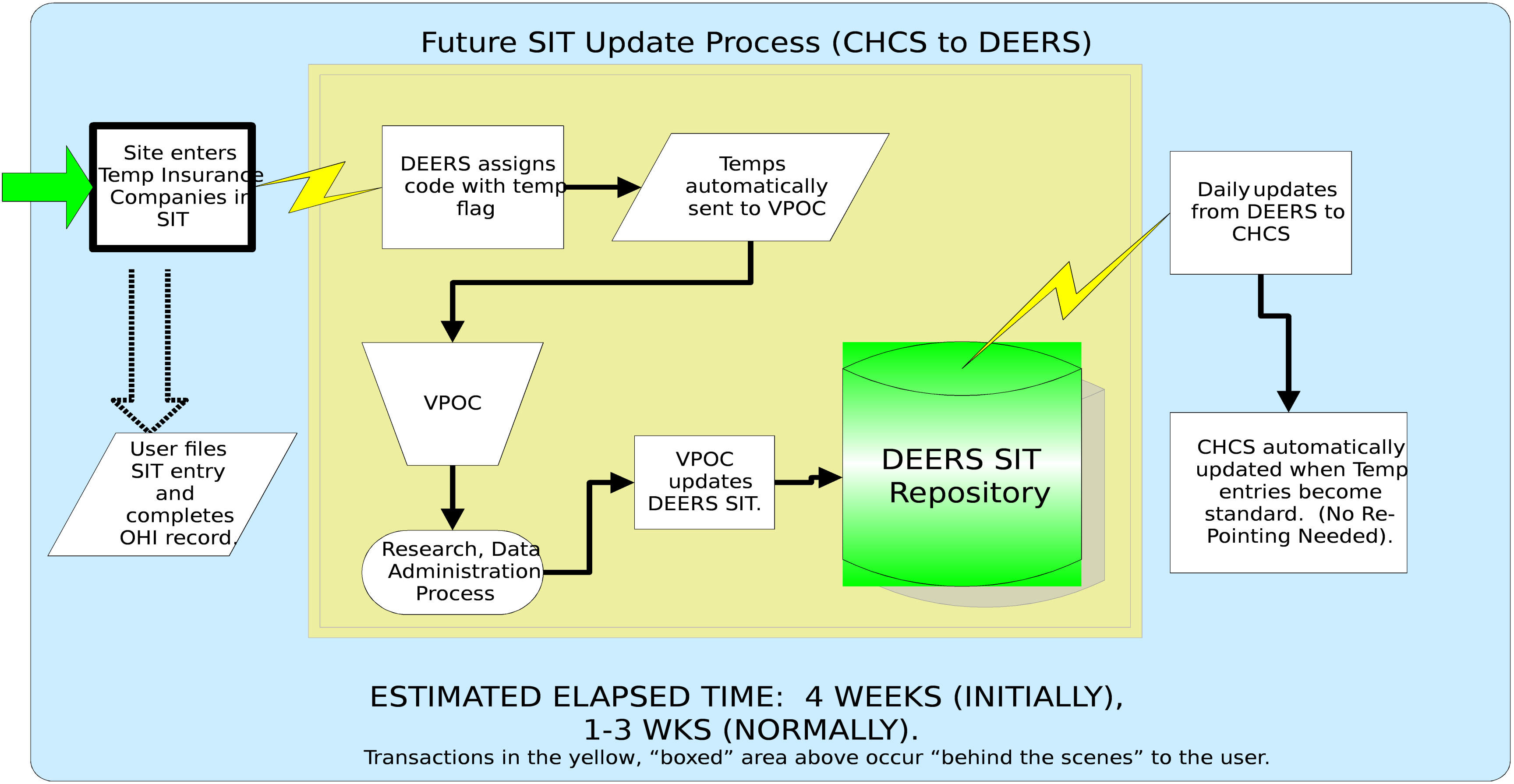


- Tricare Next Generation creates a central repository for SIT and OHI information in DEERS which links to local CHCS by means of a bi-directional interface. Local CHCS and TPOCS, in turn, communicate with a uni-directional interface which allows data standardization between the three systems.

CORE COMPETENCIES

Future SIT Process Flow





Future SIT Update Process (CHCS to DEERS)

Site enters Temp Insurance Companies in SIT

User files SIT entry and completes OHI record.

DEERS assigns code with temp flag

Temps automatically sent to VPOC

VPOC

Research, Data Administration Process

VPOC updates DEERS SIT.

DEERS SIT Repository

Daily updates from DEERS to CHCS

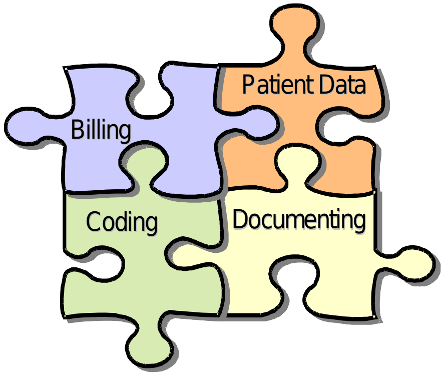
CHCS automatically updated when Temp entries become standard. (No Re-Pointing Needed).

ESTIMATED ELAPSED TIME: 4 WEEKS (INITIALLY),
1-3 WKS (NORMALLY).

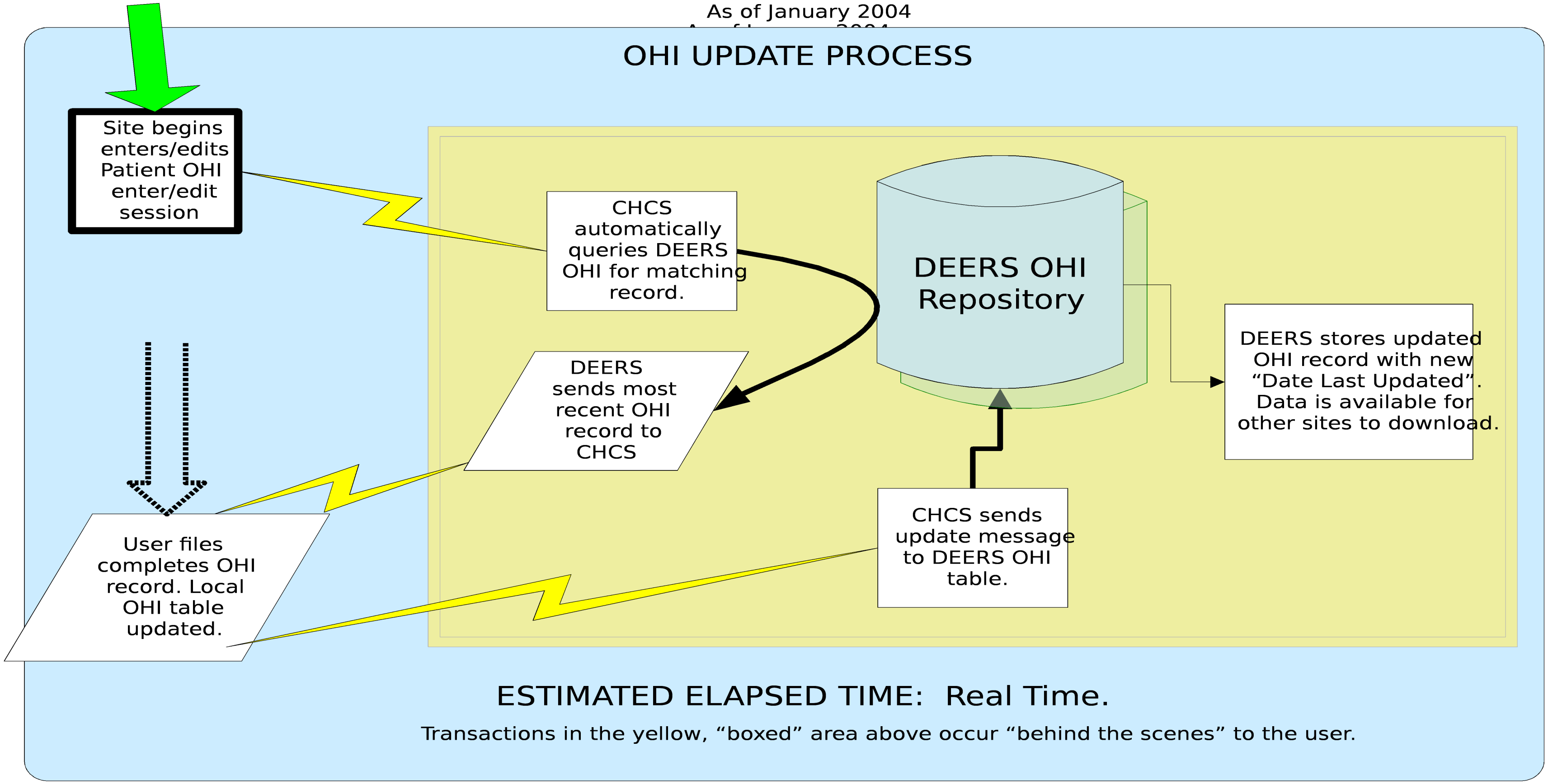
Transactions in the yellow, “boxed” area above occur “behind the scenes” to the user.

CORE COMPETENCIES

Future OHI Process



As of January 2004



OHI UPDATE PROCESS

Site begins enters/edits Patient OHI enter/edit session

CHCS automatically queries DEERS OHI for matching record.

DEERS OHI Repository

DEERS sends most recent OHI record to CHCS

DEERS stores updated OHI record with new “Date Last Updated”. Data is available for other sites to download.

User files completes OHI record. Local OHI table updated.

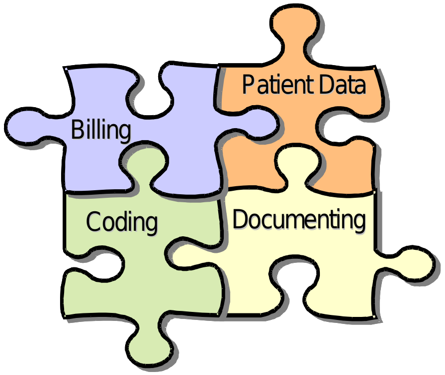
CHCS sends update message to DEERS OHI table.

ESTIMATED ELAPSED TIME: Real Time.

Transactions in the yellow, “boxed” area above occur “behind the scenes” to the user.

CORE COMPETENCIES

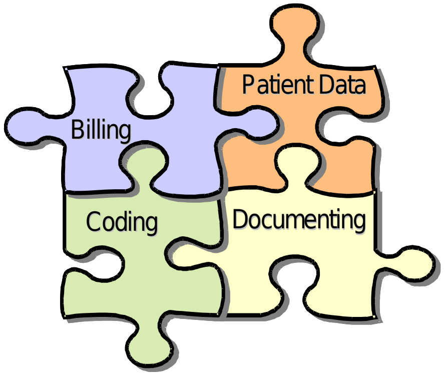
Pre-Conversion Process


Billing
Patient Data
Coding
Documenting

Successful conversion to the new DEERS central SIT/OHI repository consists of 6 steps:

- Temporary Records Clean-up
- Re-point policies from Insurance Temp Records to SIT entries
- Submit Temp entries to VPOC for addition to SIT

Pre-Conversion Process continued


Billing
Patient Data
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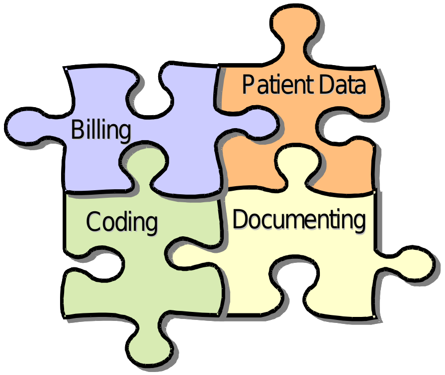
Documenting

- Identify and re-point current OHI policies with inactivated SIT entries
- Identify any policies pointed to “RX” Pharmacy Codes
- After SIT/OHI Implementation, plan to identify, “re-point” policies pointed to inactivated SIT entries

1. Temporary Records clean up. Identify Temp Records, associated policies

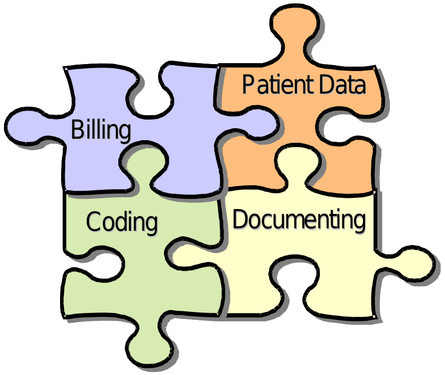


To successfully transition to the DoD SIT you must identify any temporary insurance company entries in the CHCS SIT and any policies pointed to the temp entries. This is to insure that as few as possible policies are pointed to the Temporary Insurance Company entries in the CHCS Insurance Company table. The CHCS Report to use is Report of Standard Insurance Companies (REP) Option

Menu Path: CA->MSA->IFM->IOR->REP

CORE COMPETENCIES

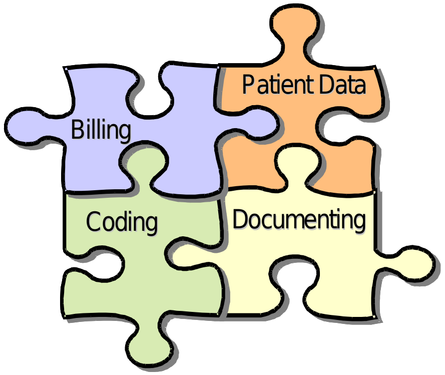
2. Re-point policies from Insurance Temp Records to SIT entries



CHCS's new "Re-Point OHI Batch Utility" is now available. This is a secondary menu option which allows a user to re-point all OHI policies associated with a user-selected Standard Insurance Table (SIT) entry to a different user-selected SIT entry. Users will need to re-point OHI policies associated with Temporary Insurance Companies to the equivalent SIT entry. When MTFs identify Temporary Insurance records which have valid addresses but do not have an equivalent SIT entry, they should submit these entries to the TMA VPOC for addition into the centrally managed SIT file.

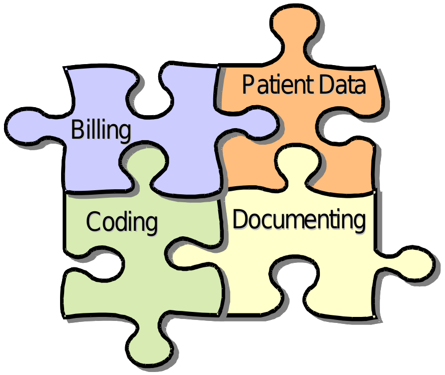
CORE COMPETENCIES

3. Identify New Insurance Companies to be Added to the DoD SIT File



MTFs will use the DoD SIT Request Form (available on the UBO website for download) to request insurance company entries be added or edited in the DoD SIT database. MTFs will send their SIT requests to the TMA VPOC via e-mail. The DoD SIT Request Form (in MS Excel format) contains an instruction sheet with contact information, and the formatted request sheet

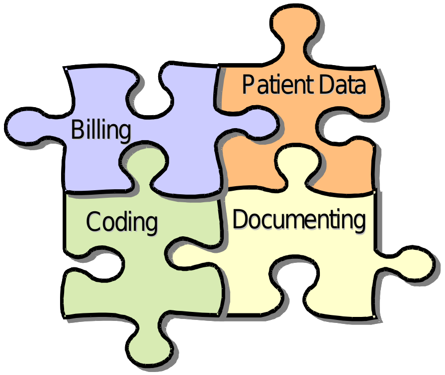
4. Identify and re-point current OHI policies with inactivated SIT entries



Sites are not currently notified when SIT entries are inactivated by the VPOC. The VPOC may inactivate a SIT entry upon the advice of an MTF, while another MTF still uses (and needs) this entry. When this happens, it is possible that a site may have current policies that are pointed to an inactive SIT entry. To retain this billable OHI data, sites should use the CHCS OHI report to identify these inactivated SIT entries and their related OHI policies.

CORE COMPETENCIES

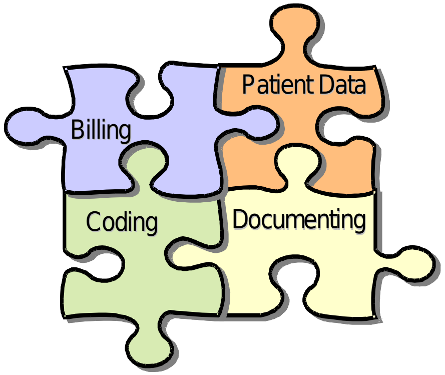
4. Identify and re-point current OHI policies with inactivated SIT entries…continued



Once users run the report they will need to determine whether the Inactivated SIT has a current SIT entry to which the related, effective OHI policies should be re-pointed using the CHCS Batch Re-Point Utility.

Menu Path: CA->MSA->IFM->IOR->OHI

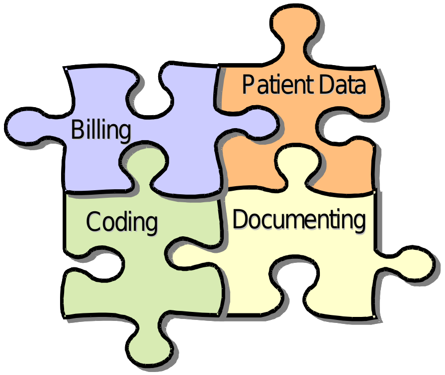
5. Identify Policies Pointed to "RX" Pharmacy Codes



With the implementation of DEERS, all SIT codes will be the same length (no "RX" prefix on pharmacy-related addresses). In order to achieve this uniformity in code length, the existing pharmacy codes, prefixed with "RX" will be Inactivated, along with any associated OHI policies.

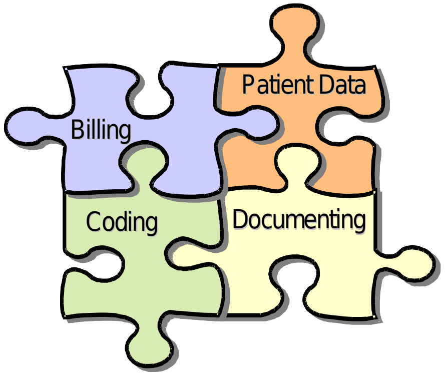
For user reference and analysis, TMA has provided with the Transition Guide package a current list of the SIT entries that refer to addresses where pharmacy-related claims are received. The VPOC currently codes these addresses with an "RX" prefix.

5. Policies Pointed to "RX" Pharmacy Codes…continued



Following the implementation of DEERS, sites should use the CHCS Re-point utility to redirect OHI policies from the "RX" prefixed codes to the SIT codes. Users may need to create a new SIT entry if an equivalent SIT entry with the address needed is not available.

CORE COMPETENCIES


Patient Data
Billing
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Documenting

6. Post SIT/OHI, Identify & Repoint Policies Pointed to Inactivated SIT Entries

There are two important reports that will assist you in this process:

1. Other Health Insurance Report

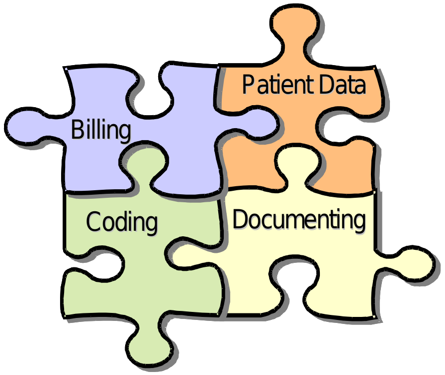
Menu Path: CA->MSA->IFM->IOR->OHI

2. Insurance Verification Report

Menu Path: CA->MSA->OIB->VER

CORE COMPETENCIES

6. Post SIT/OHI, continued

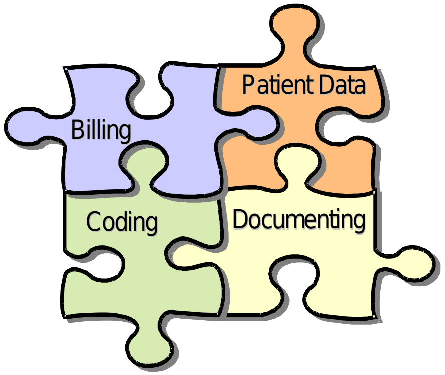


1. Other Health Insurance Report – Find all patients with inactivated OHI

   The CHCS Other Health Insurance Report lists all patients with retired/inactivated OHI, by enrollment DMIS ID or DMIS ID of where the patient was last seen (for patients who are not enrolled). The user is prompted whether to include or exclude expired policies. This report provides complete listing of all retired/inactivated OHI, to assist with initial OHI reactivation (Edit/Update) efforts after OIB is installed in CHCS.

CORE COMPETENCIES

6. Post SIT/OHI, continued

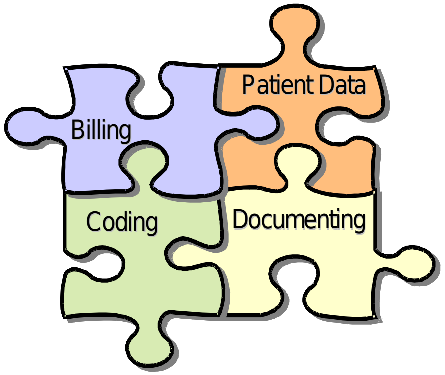


2. Insurance Verification Report – As patients are seen in the MTF

   The OIB Insurance Verification Report (Patients with possible insurance) is located on the new CHCS MSA OIB Menu. This report identifies patients with inactivated OHI that have been seen in the MTF for Inpatient, Outpatient, or Ancillary Services. Following the initial implementation of OIB, the report should be run several times throughout the day, as new patients are added to the report whenever billable services for patients with retired/inactivated OHI are processed by CHCS throughout the day.

CORE COMPETENCIES

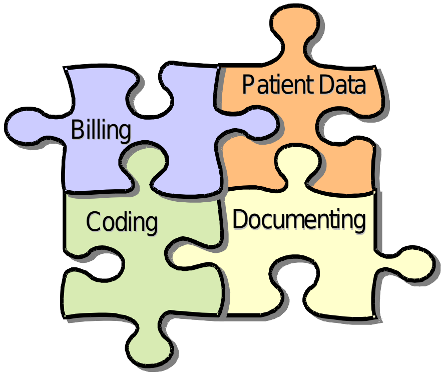
Insurance Verification Report - continued



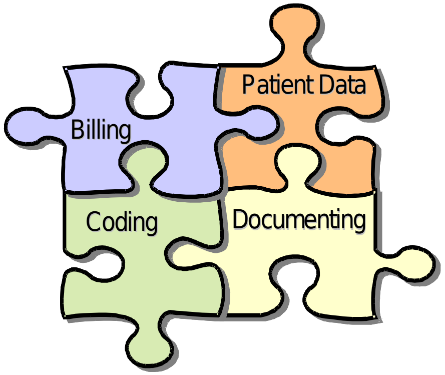
The use of the Insurance Verification Report (VER) provides the billing staff with the greatest control over the update process as patients are seen in the MTF. To maximize the utility of this report, billing staff should be designated specifically to run this report periodically throughout the day to verify and update OHI. Patients with inactive OHI will automatically be included in the report. Once their OHI has been updated to include a DoD SIT entry and policy ranking, patients will not appear on the report again. If after 7 days post-visit, patients will drop off the report and the billing episode lost.

CORE COMPETENCIES

Summary



- “TRICARE Next” consolidates all Standard Insurance Table (SIT) Other Health Insurance (OHI) at DoD into DEERS
- Transition creates “real-time” bi-directional interface between MTF and DEERS.
- Successful Conversion requires extensive preparation on part of local MTF-UBO staff.
- Post-conversion management of OHI collection and update is essential.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Billing
Coding
Documenting

SIT/OHI Conversion

- Questions?